

ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2016 OF THE CONDITION AND AFFAIRS OF THE

CELTIC INSURANCE COMPANY

·	1295 ent Period)	, <u>1295</u> (Prior Period)	NAIC Company Co	de <u>80799</u>	Employer's ID Number	06-0641618		
Organized under the Laws o	,	Illinois		State of Domicile	e or Port of Entry	Illinois		
Country of Domicile				United States				
Licensed as business type:	•	dent & Health [X]	Property/Casua		Hospital, Medical & Dental Se Health Maintenance Organiza	,		
	Other []		Is HMO, Feder	ally Qualified? Y	es[] No[]			
Incorporated/Organized		05/03/1949	Comn	nenced Business	01/20/1	950		
Statutory Home Office		77 W. Wacker Driv	e, Suite 1200	,	Chicago, IL, US 60	0601		
		(Street and No	mber)	·	(City or Town, State, Country a	nd Zip Code)		
Main Administrative Office			77 W	/. Wacker Drive, (Street and Numb				
	cago, IL, L			(Street and Numi	800-714-4658			
	vn, State, Cou	ntry and Zip Code)			(Area Code) (Telephone Number)			
Mail Address		Wacker Drive, Suite 12 reet and Number or P.O. Box)	.,		Chicago, IL, US 60601 (City or Town, State, Country and Zip			
Primary Location of Books a	nd Record	s		77 W. Wack	ker Drive, Suite 1200	·		
Ch:	!! !	10,0004		(Stre	eet and Number)			
	cago, IL, U vn, State, Cou	ntry and Zip Code)	,	(Ar	800-714-4658 ea Code) (Telephone Number) (Extension	<u></u>		
Internet Web Site Address			W	ww.celtic-net.co	m			
Statutory Statement Contact	: <u> </u>	Danielle M F	ope		314-320-2119			
Danielle.N	1.Pope@C	(Name) ENTENE.COM			(Area Code) (Telephone Number) 314-725-4658	(Extension)		
	(E-Mail Add				(Fax Number)			
			OFFICER	9				
Name		Title	OITICEN	Nam	е	Title		
Anand A. Shukla		Senior Vice Pre	esident	David J. I	Burke , Vice P	resident Treasurer		
Karen E. Wegg		Vice President Adn	ninistration					
			OTHER OFFI		_			
Barbara Basham Steele Stewart	,	Vice President		John P. Jeffrey A. Sc	<u> </u>	<u>'ice President</u> Controller		
Keith H. Williamson		Secretary		Tricia L. Dir		President of Tax		
Aparna Abburi	,	Senior Vice Pre	esident		.,			
			CTORS OR 1	DIICTEEC	,			
Anand A. Shukla		Tricia L. Dinke		David J. I		Jeffrey A. Schwaneke		
Otata af								
State of County of		ss						
•								
above, all of the herein describe that this statement, together will liabilities and of the condition an and have been completed in acc may differ; or, (2) that state rule knowledge and belief, respective	ed assets with related e and affairs of cordance will so r regulately. Further copy (exce	are the absolute property of whibits, schedules and extended the said reporting entity as the NAIC Annual Statem ions require differences in more, the scope of this attropy for formatting difference	f the said reporting entitional factoring the feet of the reporting period ent Instructions and Accreporting not related to estation by the described	ry, free and clear fr ned, annexed or r stated above, and ounting Practices a accounting practice d officers also inclu	f said reporting entity, and that on toom any liens or claims thereon, exeferred to, is a full and true staten of its income and deductions there and Procedures manual except to the as and procedures, according to the des the related corresponding electstatement. The electronic filing may	cept as herein stated, and nent of all the assets and from for the period ended, the extent that: (1) state law a best of their information, tronic filing with the NAIC,		
Anand A. S			David J. Bur Vice President Tre		Karen E.			
Senior Vice F	residelil		VICE FIESIUEIIL III		Vice President			
Subscribed and sworn to bday of		nis ,		b. If 1 2	s this an original filing? no: State the amendment number Date filed Number of pages attached	Yes [X] No []		
Pedro Galvan, Notary Public 12/23/2019					. 5			

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	1		6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals	1 00 Days	01 00 Bays	01 00 Bays	Over so Bays	Nondamitted	5,297,965
Group subscribers.						
Group subscribers: Arkansas Department of Human Services	4,902,690					
Centers for Medicare & Medicaid Services	395,276				1	·
Content for incurrence a microcard convinces.					1	·
					1	
					<u> </u>	
0299997 Group subscriber subtotal		0	0	0	0	0 1
0299998 Premiums due and unpaid not individually listed	944,257	-				
0299999 Total group	6,242,223	0	0	0	0	
0399999 Premiums due and unpaid from Medicare entities				<u> </u>]
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	6,242,223	0	0	0	0	6,242,222
assessed Assessed and Assessed and angular (1 ago 2, Ellio 10)	0,2:2,220	ı	ı	·	·	0,2.2,222

EXHIBIT 3 - HEALTH CARE RECEIVABLES

	· · · · · · · · · · · · · · · · · · ·	<u> </u>				
1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
O199998 - Aggregate of amounts not individually listed above. O199999 - Pharmaceutical Rebate Receivables	1,500,677	1,325,107	1,444,070	6,302,567	6,302,567	4,269,854
0199999 - Pharmaceutical Rebate Receivables	1,500,677	1,325,107	1,444,070	6,302,567	6,302,567	4,269,854
0299998 - Aggregate of amounts not individually listed above	2,275,981		152.640	542,718	3,048,076	1,200,001
0299998 - Aggregate of amounts not individually listed above. 0299999 - Claim Overpayment Receivables	2,275,981	76,737	152,640	542,718	3,048,076	0
OESOCO VIATI VIATEDIO	2,210,001	10,101	102,010	012,710	0,010,010	
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		†				
770000 0 11 11 0 7 11	0.770.050	4 404 044	4 500 740	0.045.005	0.050.040	4 000 054
0799999 Gross Health Care Receivables	3,776,658	1,401,844	1,596,710	6,845,285	9,350,643	4,269,854

EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

		eivables Collected he Year		ceivables Accrued 31 of Current Year	5	6
Type of Health Care Receivables	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Claims Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
Pharmaceutical rebate receivables	2,063,313	1,269,435	398,591	10,173,830	2,461,904	2,398,419
Claim overpayment receivables	169,085				169,085	169,085
Loans and advances to providers					0	
Capitation arrangement receivables					0	
5. Risk sharing receivables					0	
6. Other health care receivables					0	
7. Totals (Lines 1 through 6)	2,232,398	1,269,435	398,591	13,221,906	2,630,989	2,567,504

Note that the accrued amounts in columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

	Aging Analysis of Unpaid C	laims				
1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
0199999 Individually listed claims unpaid	0	0	0	0	0	
0299999 Aggregate accounts not individually listed-uncovered	0	0		0	0 !	ļ
0399999 Aggregate accounts not individually listed-covered	22,007,822	2,546,236	1,686,869	416,664	2,124,856	28,782,447
0499999 Subtotals	22,007,822	2,546,236	1,686,869	416,664	2,124,856	28,782,44
0599999 Unreported claims and other claim reserves			<u> </u>	<u> </u>		82,237,204
0699999 Total amounts withheld						426,92
0799999 Total claims unpaid						111,446,570
0899999 Accrued medical incentive pool and bonus amounts	·		·			610,93

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	1 4	5	6	Admi	tted
'	_	ŭ	1 7		ľ	7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Centene Management Company, LLC	40,893,843					40,893,843	
Centene Management Company, LLC	12,409,506					12,409,506	
			·	·			
			·	ł			
	-						
			1	<u> </u>	<u> </u>		
					ļ		
0199999 Individually listed receivables	53,303,349 30,915,335	0	J	J	J0	53,303,349	0
0299999 Receivables not individually listed	30,915,335				19,408,309	11,507,026	
0399999 Total gross amounts receivable	84,218,684	0	1 0	0	19,408,309	64,810,375	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Centene Corporation	IItimate parent	570,908	570,908	0
0199999 Individually listed payables		570,908 964,388	570,908	0
0299999 Payables not individually listed		964,388	964,388	0
0399999 Total gross payables		1,535,296	1,535,296	0

EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	447 , 047	0.1	250,937	100.0	447 ,047	L0
2. Intermediaries	10,061,911	1.9	250,937	100.0	0	10,061,911
3. All other providers	7 ,786 , 195	1.4	250,937	100.0	7 ,786 , 195	<u> </u> 0
4. Total capitation payments	18,295,153		752,811	300.0	8,233,242	10,061,911
Other Payments:						
5. Fee-for-service		0.0	xxx	XXX	0	0
6. Contractual fee payments	438 , 104 , 720	8.08	xxx	XXX	148,517,310	289,587,410
7. Bonus/withhold arrangements - fee-for-service	0		xxx	XXX	0	L0
Bonus/withhold arrangements - contractual fee payments		14.8	xxx	XXX	0	80,051,760
9. Non-contingent salaries	5,493,444	1.0	xxx	XXX	5,493,444	L0
10. Aggregate cost arrangements	0	0.0	xxx	XXX	0	<u> </u> 0
11. All other payments	0	0.0	xxx	XXX	0	<u> </u> 0
12. Total other payments	523,649,924	96.6	XXX	XXX	154,010,754	369,639,170
13. Total (Line 4 plus Line 12)	541,945,077	100 %	XXX	XXX	162,243,996	379,701,081

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Total Adjusted Capital	Control Level RBC
	National Imaging Association Radiology	10,061,911		1	
		.,,,,	,		
		l			
		<u> </u>			
					•
		10,061,911			

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
Administrative furniture and equipment						
2. Medical furniture, equipment and fixtures						
Pharmaceuticals and surgical supplies						
Durable medical equipment						
Other property and equipment						
6. Total	0	0	0	0	0	0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CELTIC INSURANCE COMPANY 2.

								(LOCATION)		
AIC Group Code 1295 BUSINESS IN THE STATE OF	Alabama			DURING THE YEAR	2016		T	N/	AIC Company Code	80799
	1	Compre (Hospital &	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	53			37						
2 First Quarter				36						
3 Second Quarter				34						1
4. Third Quarter				33						1
5. Current Year	45			30						1
6 Current Year Member Months	588			399						18
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	160,141			160 , 141						
13. Life Premiums Direct	2,573									2,5
14. Property/Casualty Premiums Written	0								ļ	
15. Health Premiums Earned	163,171			160,598						2,5
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	63,328			63,328						
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products $^{ m 30}$

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2. ______
2. _____

NUMBER 1	S= 4		(LOCATION)	00700						
NAIC Group Code 1295 BUSINESS IN THE STATE C	DF Alaska	Co	hansiya	DURING THE YEAR	2016			N/	80799	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	1			1						
2 First Quarter	1			1						
3 Second Quarter	1			ļ1						
4. Third Quarter	1			ļ1						
5. Current Year	1			1						
6 Current Year Member Months	12			12						
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	3,898			3,898						
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									ļ
15. Health Premiums Earned	3,897			3,897						
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	888			888						
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care productsand number	er of persons insured under indemnity only products 1
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⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2. .

								(LOCATION)	AIC Company Code	
NAIC Group Code 1295 BUSINESS IN THE STATE OF	Arizona									80799
	1	Compre (Hospital &	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	5			3						
2 First Quarter	5			3						
3 Second Quarter	5			3						
4. Third Quarter	5			3						
5. Current Year	5			3						
6 Current Year Member Months	60			36						2
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician										
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	16,969			16,969						
13. Life Premiums Direct	740									74
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	17,707			16,967						74
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	9,738			9,738					ļ	
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products $\underline{3}$
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⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2. ____

NAIC Group Code 1295 BUSINESS IN THE STATE OF	- Arkaneae			DURING THE YEAR	2016			(LOCATION)	80799	
AIC Gloup Code 1295 BUSINESS IN THE STATE OF	1	Compreh (Hospital &	ensive	4	5	6	7	8	AIC Company Code	10
	Total	2 Individual	3 Group	4 Medicare Supplement	vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:	Total	Individual	Group	оприети	Offig	Offity	i idii	Wedicare	Wedicald	Other
1. Prior Year	41,871	41.870								
2 First Quarter	50,726	50,725								
3 Second Quarter	52,799	52,798								
Third Quarter		57,700								
5. Current Year	58,635	58,634								
6 Current Year Member Months	648,446	648,434								1
Total Member Ambulatory Encounters for Year:										
7. Physician	320,872	320,872								
8. Non-Physician	301,741	301,741								
9. Total	622,613	622,613	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	18,184	18,184								
11. Number of Inpatient Admissions	4,813	4,813								
12. Health Premiums Written (b)	201,518,745	201,518,745								
13. Life Premiums Direct	3,872									3,87
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	201,522,617	201,518,745								3,87
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	135,968,418	135,968,418								
18. Amount Incurred for Provision of Health Care Services	159,524,538	159,524,538								

⁽a) For health business: number of persons insured under PPO managed care products _____ and number of persons insured under indemnity only products _____

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

								(LOCATION)	AIC Company Code	
AIC Group Code 1295 BUSINESS IN THE STATE OF	California			DURING THE YEAR	ľ	T	NA NA	80799		
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	4			4						
2 First Quarter				3						
3 Second Quarter				3						
4. Third Quarter				3						
5. Current Year	2			2						
6 Current Year Member Months	33			33						
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	13,916			13,916						
13. Life Premiums Direct	0									ļ
14. Property/Casualty Premiums Written	0									ļ
15. Health Premiums Earned	14,110			14,110						
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	6,010			6,010						
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products 2

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

				DURING THE YEAR				(LOCATION)		80799
AIC Group Code 1295 BUSINESS IN THE STATE OF	Colorado	2	NA	NAIC Company Code						
	1	(Hospital 8	Comprehensive (Hospital & Medical)		5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year				2						
2 First Quarter				2						
3 Second Quarter				2						
4. Third Quarter				2						
5. Current Year	2			2						
6 Current Year Member Months	33			24						
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	8,252			8,252						
13. Life Premiums Direct									ļ	
14. Property/Casualty Premiums Written									ļ	
15. Health Premiums Earned	8,338			8,251						
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	1,261			1,261						
18. Amount Incurred for Provision of Health Care Services	0									[

(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products 2

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION)		
NAIC Group Code 1295 BUSINESS IN THE STATE O	F Connecticut			DURING THE YEAR	2016			NA NA	AIC Company Code	80799
	1	Compre (Hospital &	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										İ
1. Prior Year	66			60						
2 First Quarter	64			58						ļ
3 Second Quarter	62			56						ļ
4. Third Quarter	57			51						ļ
5. Current Year	57			51						
6 Current Year Member Months	720			648						
Total Member Ambulatory Encounters for Year:										İ
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	194,972			194,972						ļ
13. Life Premiums Direct	837									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	200,681			199,844						8
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	139,935			139,935						
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products 51

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2. _____

								(LOCATION)	AIC Company Code	
AIC Group Code 1295 BUSINESS IN THE STATE OF	- Delaware			DURING THE YEAR	2016		1	N/	80799	
	1	Compre (Hospital &	& Medical)			6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year				5						
2 First Quarter	7			5						
3 Second Quarter	7			5						
4. Third Quarter	5			3						
5. Current Year	5			3						
6 Current Year Member Months	72			48						
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	20,436			20,436						
13. Life Premiums Direct	283						ļ		ļ	
14. Property/Casualty Premiums Written	0						ļ			
15. Health Premiums Earned	20,716			20,433						
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	27,888			27,888						
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products 3

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION)		
AIC Group Code 1295 BUSINESS IN THE STATE OF	District of Columbia			DURING THE YEAR	2016		T	NA	IC Company Code	80799
	1	Compre (Hospital &	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0			0						
2 First Quarter	1			1						
3 Second Quarter	1			1						
4. Third Quarter				1						
5. Current Year	0			0						
6 Current Year Member Months	9			9						
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									ļ
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services	0									İ

(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2. ____

								(LOCATION)		
AIC Group Code 1295 BUSINESS IN THE STATE OF	· Florida	Comprel		DURING THE YEAR 2	2016			NAIC Company Code		80799
	1	(Hospital 8		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	1,530	9		1,513						
2 First Quarter	127,950	126,469		1,473						
3 Second Quarter	110,926	109,490		1,428						
4. Third Quarter	101,747	100,344		1,395						
5. Current Year	90,292	88,903		1,382						
6 Current Year Member Months	1,285,932	1,268,805		17,034						9
Total Member Ambulatory Encounters for Year:										
7. Physician	470,751	470,751								
8. Non-Physician	337,911	337,911								
9. Total	808,662	808,662	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	24,164	24,164								
11. Number of Inpatient Admissions	5,574	5,574								
12. Health Premiums Written (b)	264,551,891	259,553,304		4,998,587						
13. Life Premiums Direct	1,951									1,95
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	264,642,039	259 , 553 , 304		5,086,784						1,95
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	179,159,383	175,075,118		4,068,817						15,44
18. Amount Incurred for Provision of Health Care Services	205,345,099	205,345,099								

⁽a) For health business: number of persons insured under PPO managed care products 88,903 and number of persons insured under indemnity only products 1,382

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2. Georgia

								(LOCATION)		
IAIC Group Code 1295 BUSINESS IN THE STATE OF	Georgia			DURING THE YEAR	2016			NA	AIC Company Code	80799
	1	Compre (Hospital &	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	123	1		120						
2 First Quarter	113	1		110						
3 Second Quarter	111	1		108						
4. Third Quarter	109	1		106						
5. Current Year	107	1		104						
6 Current Year Member Months	1,320	12		1,284						2
Total Member Ambulatory Encounters for Year:										
7. Physician	9	9								
8. Non-Physician	0	0								
9. Total	9	9	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	374,425	4,658		369,767						
13. Life Premiums Direct	636									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	372,001	4,658		366,707						63
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	231,035	15,852		215 , 183						
18. Amount Incurred for Provision of Health Care Services	5,151	5,151								

(a) For health business: number of persons insured under PPO managed care products 1	and number of persons insured under indemnity only products 104
• • • • • • • • • • • • • • • • • • • •	

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION)		
AIC Group Code 1295 BUSINESS IN THE STATE O	F Hawaii			DURING THE YEAR	2016	1		NA NA	IC Company Code	80799
	1	(Hospital &	Comprehensive (Hospital & Medical)		5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										İ
1. Prior Year	0									<u> </u>
2 First Quarter	0									j
3 Second Quarter	0									j
4. Third Quarter	0									j
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										İ
7. Physician	0									ļ
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									<u> </u>
12. Health Premiums Written (b)	0									ļ
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0						ļ			
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									İ

(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION)		80799	
NAIC Group Code 1295 BUSINESS IN THE STATE OF Ida	aho			DURING THE YEAR	2016	1	T	N/	NAIC Company Code		
	1	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10	
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year	0										
2 First Quarter	0										
3 Second Quarter	0										
4. Third Quarter	0										
5. Current Year	0										
6 Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician	0										
8. Non-Physician	0										
9. Total	0	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	0										
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	0										
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	0										
18. Amount Incurred for Provision of Health Care Services	0										

(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

				(LOCATION) NAIC Company Code		80799				
AIC Group Code 1295 BUSINESS IN THE STATE OF Illin	ois	Compre	hensive	DURING THE YEAR	2016			NA	80799	
	1	(Hospital &		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	33	2		9						2
2 First Quarter	36,056	36,027		7						2
3 Second Quarter	31,961	31,932		7						2
4. Third Quarter	29,743	29,714		7						2
5. Current Year	26,406	26,378		7						2
6 Current Year Member Months	362,183	361,838		84						26
Total Member Ambulatory Encounters for Year:										
7. Physician	77,947	77 ,947								
8. Non-Physician	69,002	69,002								
9. Total	146,949	146,949	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	4,230	4,230								
11. Number of Inpatient Admissions	918	918								
12. Health Premiums Written (b)	29,681,036	29,640,968		40,068						
13. Life Premiums Direct	5,292									5,29
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	29 , 689 , 077	29 , 640 , 968		42,817						5,29
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	20,213,400	19 , 999 , 359		13,708						200,33
18. Amount Incurred for Provision of Health Care Services	23,464,190	23,464,190								

⁽a) For health business: number of persons insured under PPO managed care products 26,378 and number of persons insured under indemnity only products 7

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

NA 0 0 1 1005 PUON 500 NA THE OTATE OF					24.0			(LOCATION)		00700
AIC Group Code 1295 BUSINESS IN THE STATE OF	Indiana	Compreh		DURING THE YEAR 2	2016			NAIC Company Code		80799
	1	(Hospital &		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	10,669	10,564		95						ļ1
2 First Quarter	15,575	15,480		85						1
3 Second Quarter	14,322	14,227		85						ļ1
4. Third Quarter	13,486	13,391		85						ļ1
5. Current Year	12,389	12,295		85						
6 Current Year Member Months	167, 162	166,025		1,020						11
Total Member Ambulatory Encounters for Year:										
7. Physician	32,480	32,480								
8. Non-Physician	27,088	27,088								
9. Total	59,568	59,568	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	5,640	5,640								
11. Number of Inpatient Admissions	980	980								
12. Health Premiums Written (b)	65,463,861	65,056,691		407,170						
13. Life Premiums Direct	4,913									4,91
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	65,480,396	65,056,691		418,792						4,91
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	42,891,417	42,693,446		188,960						9,01
18. Amount Incurred for Provision of Health Care Services	50,089,957	50,089,957								

⁽a) For health business: number of persons insured under PPO managed care products 12,295 and number of persons insured under indemnity only products 85

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2. _____

				DURING THE YEAR				(LOCATION)	AIC Company Code	
NAIC Group Code 1295 BUSINESS IN THE STATE	E OF Iowa	0	hanaba	N/	80799					
	1	Compre (Hospital &	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	34			32						
2 First Quarter	26			24						
3 Second Quarter	26			24						
4. Third Quarter	26			24						
5. Current Year	26			24						
6 Current Year Member Months	312			288						2
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	(
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	102,458			102,458						
13. Life Premiums Direct	435									43
14. Property/Casualty Premiums Written	0								ļ	ļ
15. Health Premiums Earned	106,900			106,465						43
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	64,948			64,948						
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products $^{ m 24}$

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION)		
AIC Group Code 1295 BUSINESS IN THE STATE OF	Kansas	0	hanai	DURING THE YEAR	2016			NA	AIC Company Code	80799
	1	Compre (Hospital &	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	11	3		8						
2 First Quarter		2		8						
3 Second Quarter		2		8						
4. Third Quarter		2		8						
5. Current Year	9	2		7						
6 Current Year Member Months	117	24		93						
Total Member Ambulatory Encounters for Year:										
7. Physician		22								
8. Non-Physician	3	3								
9. Total	25	25	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	43,630	17,917		25,713						
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	43,973	17,917		26,056						
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services		44,032		33,092						
18. Amount Incurred for Provision of Health Care Services	14,309	14,309								

(a) For health business: number of persons insured under PPO managed care products	2 and number of persons insured under indemnity only products 7	
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⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

IALO Casura Carla 4005 DUCINIFOC IN THE CTATE O	NE 1/ t l			DURING THE YEAR	2040			(LOCATION)	10.0	80799
AIC Group Code 1295 BUSINESS IN THE STATE C	DE KENTUCKY	Compre	hensive	DUKING THE YEAR	2010		NA	IC Company Code	80799	
	1 1	(Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	1									
2 First Quarter	1									
3 Second Quarter	1									
4. Third Quarter	1									
5. Current Year	1									
6 Current Year Member Months	12									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	31									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	31									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION)		
AIC Group Code 1295 BUSINESS IN THE STATE OF	Louisiana			DURING THE YEAR	2016		T	NA NA	IC Company Code	80799
	1	Compre (Hospital &	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year				7						
2 First Quarter				5						
3 Second Quarter				5						
4. Third Quarter				5						
5. Current Year	5			5						
6 Current Year Member Months	60			60						
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	25,526			25,526						
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	25,532			25,532						
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	24,536			24,536						
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products 5

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

NA 0 0 1 1005 PUON 500 NA TAF 074 TE 0					22.42			(LOCATION)	10.0	
AIC Group Code 1295 BUSINESS IN THE STATE OF	F Maine	Compre	hansiya	DURING THE YEAR	2016 			I NA	IC Company Code	80799
	1	(Hospital 8		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	2									
2 First Quarter	2									
3 Second Quarter	2									
4. Third Quarter	2									
5. Current Year	2									
6 Current Year Member Months	24									:
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	753									7
14. Property/Casualty Premiums Written	0			ļ						
15. Health Premiums Earned	753									7
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2. ______

								(LOCATION)		
AIC Group Code 1295 BUSINESS IN THE STATE OF	Maryland			DURING THE YEAR	2016		T	NA NA	IC Company Code	80799
	1	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year				7						
2 First Quarter				7						
3 Second Quarter				7						
4. Third Quarter				7						
5. Current Year	9			7						
6 Current Year Member Months	108			84						
otal Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
Hospital Patient Days Incurred	0									
Number of Inpatient Admissions	0									
Health Premiums Written (b)	27,802			27 ,802						
3. Life Premiums Direct										
4. Property/Casualty Premiums Written										
5. Health Premiums Earned	27,807			27,807						
6. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	30,998			30,998						
18. Amount Incurred for Provision of Health Care Services	0									1

(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products 7

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION)		
AIC Group Code 1295 BUSINESS IN THE STATE OF	Massachusetts			DURING THE YEAR	2016	T		NA NA	IC Company Code	80799
	1	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year										
2 First Quarter										
3 Second Quarter	18									
4. Third Quarter	18									
5. Current Year	17									
6 Current Year Member Months	213									
otal Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)										
13. Life Premiums Direct	6,117									£
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										6
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	5,011									5
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care productsand number	er of persons insured under indemnity only products
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⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2. _____

								(LOCATION)		
AIC Group Code 1295 BUSINESS IN THE STATE OF	- Michigan			DURING THE YEAR	2016		T	NA NA	IC Company Code	80799
	1	Compre (Hospital &	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	3			2						
2 First Quarter	3			2						
3 Second Quarter				2						
4. Third Quarter				2						
5. Current Year	3			2						
6 Current Year Member Months	36			24						
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	10,463			10,463						
13. Life Premiums Direct	461						ļ		ļ	4
14. Property/Casualty Premiums Written	0						ļ		ļ	
15. Health Premiums Earned	10,923			10,462						4
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	4,784			4,784						
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products 2

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION)		
AIC Group Code 1295 BUSINESS IN THE STATE OF	Minnesota	0	b 1	DURING THE YEAR	2016			NA	IC Company Code	80799
	1	Compre (Hospital &	hensive & Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year		7								
2 First Quarter		7								
3 Second Quarter		7								
4. Third Quarter		7								
5. Current Year	7	7								
6 Current Year Member Months	84	84								
Total Member Ambulatory Encounters for Year:										
7. Physician		68								
8. Non-Physician	49	49								
9. Total	117	117	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	10	10								
11. Number of Inpatient Admissions	2	2								
12. Health Premiums Written (b)	10,562	10,562								
13. Life Premiums Direct	0								ļ	
14. Property/Casualty Premiums Written									ļ	
15. Health Premiums Earned		10,562								
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	206,071	206,071								
18. Amount Incurred for Provision of Health Care Services	66,965	66,965								1

(a) For health business: number of persons insured under PPO managed care products 7	and number of persons insured under indemnity only products

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CELTIC INSURANCE COMPANY 2.

NAME OF THE OTATE OF	E Maria de la compansión de la compansió			DUDING THE VEAD	0040			(LOCATION)		00700
NAIC Group Code 1295 BUSINESS IN THE STATE O	F Mississippi	Compre	hanaiya	DURING THE YEAR	2016			NA	AIC Company Code	80799
	1	(Hospital &	Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	25			24						
2 First Quarter	22			21						
3 Second Quarter				21						
4. Third Quarter				21						
5. Current Year	22			21						
6 Current Year Member Months	264			252						1.
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	89,845			89,845						
13. Life Premiums Direct	686									68
14. Property/Casualty Premiums Written	0								ļ	
15. Health Premiums Earned	90,462			89,776						68
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	41,460			41,460						
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products 21

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2. ____

								(LOCATION)		
AIC Group Code 1295 BUSINESS IN THE STATE OF	Missouri			DURING THE YEAR	2016			N/	AIC Company Code	80799
	1	Compre (Hospital &	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year		2		20						
2 First Quarter	22	2		20						
3 Second Quarter	22	2		20						
4. Third Quarter	18	1		17						
5. Current Year	18	1		17						
6 Current Year Member Months	240	18		222						
Total Member Ambulatory Encounters for Year:										
7. Physician	14	14								
8. Non-Physician	35	35								
9. Total	49	49	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	20	20								
11. Number of Inpatient Admissions	1	1								
12. Health Premiums Written (b)	131,752	72,469		59,283						
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									ļ
15. Health Premiums Earned	131,827	72,469		59,358						
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	169,615	86,303		83,312						ļ
18. Amount Incurred for Provision of Health Care Services	28,045	28,045								

(a) For health business: number of persons insured under PPO managed care products $\frac{1}{2}$	and number of persons insured under indemnity only products 17

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION)		
AIC Group Code 1295 BUSINESS IN THE STATE OF	Montana			DURING THE YEAR	2016			NA NA	IC Company Code	80799
	1	Compre (Hospital &	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year				1						
2 First Quarter				1						
3 Second Quarter				1						
4. Third Quarter				1						
5. Current Year	1			1						
6 Current Year Member Months	12			12						
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	3,893			3,893						
13. Life Premiums Direct									ļ	
14. Property/Casualty Premiums Written										
15. Health Premiums Earned				3,892						
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	2,442			2,442						
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products 1

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CELTIC INSURANCE COMPANY 2.

								(LOCATION)		
AIC Group Code 1295 BUSINESS IN THE STATE OF	- Nebraska			DURING THE YEAR	2016		T	NA	AIC Company Code	80799
	1	Compre (Hospital &	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	38			36						
2 First Quarter	38			36						
3 Second Quarter	36			34						
4. Third Quarter	32			30						
5. Current Year	31			29						
6 Current Year Member Months	411			387						2
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	160,938			160,938						
13. Life Premiums Direct	276									2
14. Property/Casualty Premiums Written	0								ļ	
15. Health Premiums Earned	170,589			170,313						2
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	68,620			68,620						
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products 29

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION)		
AIC Group Code 1295 BUSINESS IN THE STATE OF	Nevada	Compre	hanaiya	DURING THE YEAR	2016			NA	AIC Company Code	80799
	1	(Hospital &	Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year		3		4						
2 First Quarter		3		4						
3 Second Quarter		3		4						
4. Third Quarter		3		4						
5. Current Year	7	3		4						
6 Current Year Member Months	84	36		48						
Total Member Ambulatory Encounters for Year:										
7. Physician		8								
8. Non-Physician	3	3								
9. Total	11	11	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	43,616	23,797		19,819						
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written									ļ	
15. Health Premiums Earned		23,797		20,525						
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services		19,374		18,169						
18. Amount Incurred for Provision of Health Care Services	6,296	6,296								

(a) For health business: number of persons insured under PPO managed care products $\frac{3}{2}$	and number of persons insured under indemnity only products 4
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⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2. ____

								(LOCATION)		
AIC Group Code 1295 BUSINESS IN THE STATE OF	New Hampshire			DURING THE YEAR	2016	T		N/	AIC Company Code	80799
	1	Comprel (Hospital &	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	1	1								
2 First Quarter	19,954	19,954								
3 Second Quarter	18,619	18,619								
4. Third Quarter	18,140	18,140								
5. Current Year	17,239	17,239								
6 Current Year Member Months	223,022	223,022								
Total Member Ambulatory Encounters for Year:										
7. Physician	108,347	108,347								
8. Non-Physician	228,099	228,099								
9. Total	336,446	336,446	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	7,952	7,952								
11. Number of Inpatient Admissions	1,600	1,600								
12. Health Premiums Written (b)	102,089,176	102,089,176								
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	102,089,176	102,089,176								
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	68 , 807 , 121	68 , 807 , 121								
18. Amount Incurred for Provision of Health Care Services	80,727,748	80 , 727 , 748								

(a) For health business: number of persons insured under PPO managed care products	17,239	_and number of persons insured under indemnity only products

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2. _____

								(LOCATION)		
AIC Group Code 1295 BUSINESS IN THE STATE OF	New Jersey			DURING THE YEAR	2016		T	N/	AIC Company Code	80799
	1	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	251			251						
2 First Quarter	247			247						
3 Second Quarter	243			243						
4. Third Quarter	235			235						
5. Current Year	220			220						
6 Current Year Member Months	2,835			2,835						
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	1,096,604			1,096,604						
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									ļ
15. Health Premiums Earned	1,108,788			1,108,788						
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	692,189			692,189						
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products 220

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION CELTIC INSURANCE COMPANY 2.

ALO O O AOOF PLIONIFOO IN THE OTATE OF	M. M. C.			DUDING THE VEAD	0040			(LOCATION)		00700
AIC Group Code 1295 BUSINESS IN THE STATE OF	New Mexico	Compre	honeivo	DURING THE YEAR	2016			N <i>P</i>	AIC Company Code	80799
	1	(Hospital &	Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	20	0		14						
2 First Quarter	24	4		14						
3 Second Quarter	24	4		14						
4. Third Quarter		3		14						
5. Current Year	22	3		14						
6 Current Year Member Months	279	42		168						
otal Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	86,358	31,891		54,467						
13. Life Premiums Direct	5,485									ŗ
14. Property/Casualty Premiums Written									ļ	
15. Health Premiums Earned		31,891		55 , 154						£
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	17,059			17,059						
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products 3	and number of persons insured under indemnity only products 14

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2. (LOCATION)

								(LOCATION)		
NAIC Group Code 1295 BUSINESS IN THE STATE O	F New York			DURING THE YEAR	2016	1	Г	NA NA	IC Company Code	80799
	1	Compre (Hospital &	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	1									
2 First Quarter	1									
3 Second Quarter	1									
4. Third Quarter	1									
5. Current Year	1									
6 Current Year Member Months	12									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

NAIC Group Code 1295 BUSINESS IN THE STATE C	North Carolina			DURING THE YEAR	2016			(LOCATION)	AIC Company Code	80799
IAIC Group Code 1295 BUSINESS IN THE STATE C	DE NOITH Carolina	Comprel	hensive	DURING THE TEAR	2010			IN A	To Company Code	60799
	1	(Hospital &	k Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	23	1		12						1
2 First Quarter	23	1		12						1
3 Second Quarter	23	1		12						1
4. Third Quarter	23	1		12						ļ1
5. Current Year	20	0		10						1
6 Current Year Member Months	267	9		138						12
Total Member Ambulatory Encounters for Year:										
7. Physician	3	3								
8. Non-Physician	4	4								
9. Total	7	7	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	58,897	13,804		45,093						
13. Life Premiums Direct	3,518									3,51
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	63,763	13,804		46,441						3,51
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	27 , 241	12,329		14,912						
18. Amount Incurred for Provision of Health Care Services	4,006	4,006								

(a) For health business: number of persons insured under PPO managed care products 0and number of persons insured under indemnity only products 10	
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⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION)		
AIC Group Code 1295 BUSINESS IN THE STATE OF	North Dakota			DURING THE YEAR	2016		T	NA NA	AIC Company Code	80799
	1	Compre (Hospital &	k Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	3			3						
2 First Quarter				3						
3 Second Quarter				3						
4. Third Quarter				3						
5. Current Year	3			3						
6 Current Year Member Months	36			36						
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	10,409			10,409						
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	10,408			10,408						
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	4,349			4,349						
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products ${f 3}$

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION)		
NAIC Group Code 1295 BUSINESS IN THE STATE OF C)hio			DURING THE YEAR	2016		I	NA NA	IC Company Code	80799
	1	Compre (Hospital &	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	36	3		24						
2 First Quarter	35	2		24						
3 Second Quarter	33	2		22						
4. Third Quarter	31	2		20						
5. Current Year	26	1		18						
6 Current Year Member Months	375	21		252						10
Total Member Ambulatory Encounters for Year:										
7. Physician	9	9								
8. Non-Physician	3	3								
9. Total	12	12	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	104,969	9,466		95,503						
13. Life Premiums Direct	5,876									5 , 87
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	113,935	9,466		98,593						5,87
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	134,069	21 , 136		52,845						60,08
18. Amount Incurred for Provision of Health Care Services	6,868	6,868								

(a) For health business: number of persons insured under PPO managed care products 1	and number of persons insured under indemnity only products 18

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

IAIC Group Code 1295 BUSINESS IN THE STAT	E OE Oldshama			DUDING THE VEAD	2040			(LOCATION)	10.0	80799
AIC Group Code 1295 BUSINESS IN THE STAT	E OF Okianoma	Compre		DURING THE YEAR	2010			NA	IC Company Code	80799
	1 1	(Hospital 8		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	6	2		3						
2 First Quarter	6	2		3						
3 Second Quarter	6	2		3						
4. Third Quarter	6	2		3						
5. Current Year	6	2		3						
6 Current Year Member Months	72	24		36						
Total Member Ambulatory Encounters for Year:										
7. Physician	14	14								
8. Non-Physician	0									
9. Total	14	14	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	21,870	8,095		13,775						
13. Life Premiums Direct	144									1
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	22,013	8,095		13,774						1
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	25,512	24,658		854						
18. Amount Incurred for Provision of Health Care Services	8,013	8,013								

(a) For health business: number of persons insured under PPO managed care products $\frac{2}{2}$	and number of persons insured under indemnity only products 3
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⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION)		
AIC Group Code 1295 BUSINESS IN THE STATE OF	Oregon			DURING THE YEAR	2016	T	T	NA.	IC Company Code	80799
	1	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0									
2 First Quarter	0									
3 Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services	0									1

(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

CELTIC INSURANCE COMPANY REPORT FOR: 1. CORPORATION

								(LOCATION)		
NAIC Group Code 1295 BUSINESS IN THE STATE OF Pe	nnsylvania			DURING THE YEAR	2016		T.	NA NA	AIC Company Code	80799
	1	Compre (Hospital &	k Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	27			27						
2 First Quarter	27			27						
3 Second Quarter	27			27						
4. Third Quarter	26			26						
5. Current Year	22			22						
6 Current Year Member Months	306			306						
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	C
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	93,901	(2,443)		96,344						
13. Life Premiums Direct	0								ļ	ļ
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	95,989	(2,443)		98,432						
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	58,819			58,819						
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products 22

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION)		
AIC Group Code 1295 BUSINESS IN THE STATE OF	F Rhode Island			DURING THE YEAR	2016	I	I	NA NA	IC Company Code	80799
	1	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	1			1						
2 First Quarter	1			1						
3 Second Quarter	1			1						
4. Third Quarter				1						
5. Current Year	1			1						
6 Current Year Member Months	12			12						
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	4,259			4,259						
13. Life Premiums Direct	0								ļ	
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	4,258			4,258						
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	14,469			14,469						
18. Amount Incurred for Provision of Health Care Services	0									1

a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products 1
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⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2. ____

								(LOCATION)		
AIC Group Code 1295 BUSINESS IN THE STATE OF	South Carolina			DURING THE YEAR	2016	Г	1	N/	AIC Company Code	80799
	1	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	40	3		33						
2 First Quarter	40	3		33						
3 Second Quarter	38	3		31						
4. Third Quarter	35	1		30						
5. Current Year	31	1		26						
6 Current Year Member Months	432	24		360						4
Total Member Ambulatory Encounters for Year:										
7. Physician	26	26								
8. Non-Physician	8	8								
9. Total	34	34	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	132,934	5,957		126,977						
13. Life Premiums Direct	6,081								ļ	6 , 08
14. Property/Casualty Premiums Written	0								ļ	ļ
15. Health Premiums Earned	140,383	5,957		128,345						
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	186,041	59,884		126 , 157						
18. Amount Incurred for Provision of Health Care Services	19,460	19,460								

(a) For health business: number of persons insured under PPO managed care products 1	and number of persons insured under indemnity only products 26

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2. _____

								(LOCATION)		
AIC Group Code 1295 BUSINESS IN THE STATE OF	South Dakota	0	hanaina	DURING THE YEAR	2016			NA	IC Company Code	80799
	1	Compre (Hospital &	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	14			13						
2 First Quarter				13						
3 Second Quarter	14			13						
4. Third Quarter				13						
5. Current Year	12			11						
6 Current Year Member Months	162			150						
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)				60,774						
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	60,967			60,659						
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	29,895			29,895						
18. Amount Incurred for Provision of Health Care Services	0									1

(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products 11

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION)		
NAIC Group Code 1295 BUSINESS IN THE STATE OF	F Tennessee	0	h i	DURING THE YEAR	2016		T	N/	AIC Company Code	80799
	1	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	14			3						1·
2 First Quarter	14			3						11
3 Second Quarter	14			3						11
4. Third Quarter	14			3						11
5. Current Year	14			3						11
6 Current Year Member Months	168			36						132
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	(
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	14,725			14,725						
13. Life Premiums Direct	5,848									5,848
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	20,574			14,726						5,848
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	4,485			4,485						
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care productsand number of persons insured under indemnity only products 3) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products $\underline{3}$
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⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2. ___

								(LOCATION)		
AIC Group Code 1295 BUSINESS IN THE STATE OF	Texas	0	h :	DURING THE YEAR	2016			N/	AIC Company Code	80799
	1	Compre (Hospital &	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year		3		51						1
2 First Quarter	61,833	61,768		49						_ 1
3 Second Quarter	55,086	55,021		49						ļ1
4. Third Quarter	50,027	49,962		49						ļ1
5. Current Year	45,143	45,080		47						1
6 Current Year Member Months	617,901	617,127		582						19
Total Member Ambulatory Encounters for Year:										
7. Physician	263,315	263,315								
8. Non-Physician	181,390	181,390								
9. Total	444,705	444,705	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	14,185	14,185								
11. Number of Inpatient Admissions	2,713	2,713								
12. Health Premiums Written (b)	136,895,307	136,662,474		232,833						
13. Life Premiums Direct	8,196									8,19
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	136,904,659	136 , 662 , 474		233,989						8,19
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	92,354,670	92 , 220 , 571		134,099						
18. Amount Incurred for Provision of Health Care Services	108,173,603	108,173,603								

(a) For health business: number of persons insured under PPO managed care products	45,080	and number of persons insured under indemnity only products 47

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2. _____

								(LOCATION)		
AIC Group Code 1295 BUSINESS IN THE STATE OF	Utah			DURING THE YEAR	2016		1	NA NA	AIC Company Code	80799
	1	Compre (Hospital &	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	1			1						
2 First Quarter				2						
3 Second Quarter	2			2						
4. Third Quarter				2						
5. Current Year	2			2						
6 Current Year Member Months	24			24						
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	9,460			9,460						
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	8,978			8,978						
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services				8,137						
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products 2

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION)		
AIC Group Code 1295 BUSINESS IN THE STATE OF	Vermont			DURING THE YEAR	2016		T	NA NA	AIC Company Code	80799
	1	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year				10						
2 First Quarter				10						
3 Second Quarter				10						
4. Third Quarter				10						
5. Current Year	8			8						
6 Current Year Member Months	114			114						
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	19,891			19,891						
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned				20,905						
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	20,695			20,695						
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products 8

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION)		
AIC Group Code 1295 BUSINESS IN THE STATE OF	Virginia			DURING THE YEAR	2016		T	NA NA	IC Company Code	80799
	1	Compre (Hospital &	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year				36						
2 First Quarter	53			35						
3 Second Quarter				35						
4. Third Quarter	53			35						
5. Current Year	46			31						
6 Current Year Member Months	615			408						
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	88,246			88,246						
13. Life Premiums Direct	7 , 187									7
14. Property/Casualty Premiums Written										
15. Health Premiums Earned				96,919						7
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	59,649			54,592						5,
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products 31

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2. (LOCATION)

								(LOCATION)		
AIC Group Code 1295 BUSINESS IN THE STATE OF	F Washington			DURING THE YEAR	2016	Γ	I	NA	IC Company Code	80799
	1	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										İ
1. Prior Year	0									<u> </u>
2 First Quarter	0									j
3 Second Quarter	0									j
4. Third Quarter	0									j
5. Current Year	0									
6 Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										İ
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									j
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									İ

(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2. ______

2. ______

								(LOCATION)		
IAIC Group Code 1295 BUSINESS IN THE STATE OF	West Virginia			DURING THE YEAR	2016			N/	AIC Company Code	80799
	1	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year				7						
2 First Quarter				7						
3 Second Quarter				7						
4. Third Quarter				7						
5. Current Year	7			7						
6 Current Year Member Months	84			84						
Total Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	21,466			21,466			ļ		ļ	
13. Life Premiums Direct									ļ	
14. Property/Casualty Premiums Written										ļ
15. Health Premiums Earned	25,141			25,141						
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services				13,542						
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care productsand number of persons insured under indemnity only products /	(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products 7
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⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION)		
AIC Group Code 1295 BUSINESS IN THE STATE O	F Wisconsin			DURING THE YEAR	2016			. NA	IC Company Code	80799
	1	(Hospital	ehensive & Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	3									
2 First Quarter	3									
3 Second Quarter	3									
4. Third Quarter	3									
5. Current Year	3									
6 Current Year Member Months	36									3
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	1,541									1 ,54
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	1,541									1,54
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

(a) For health business: number of persons insured under PPO managed care products	and number of persons insured under indemnity only products

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2. ____

IAIO O O . I	* * * * * * * * * * * * * * * * * * * *			DUDING THE VEAD	0010			(LOCATION)		00700
AIC Group Code 1295 BUSINESS IN THE STATE OF	vvyoming	Compre	hensive	DURING THE YEAR	2016			N.F.	AIC Company Code	80799
	1	(Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year		1		3						
2 First Quarter		1		3						
3 Second Quarter		1		3						
4. Third Quarter		1		3						
5. Current Year	7	1		2						
6 Current Year Member Months	93	12		33						4
Total Member Ambulatory Encounters for Year:										
7. Physician		10								
8. Non-Physician	11	11								
9. Total	21	21	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	18,529	8 , 494		10,035						
13. Life Premiums Direct	1 ,337									1,33
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	21,957	8,494		12 , 126						1,33
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	41,283	36,987		4,296						
18. Amount Incurred for Provision of Health Care Services	12,019	12,019								

(a) For health business: number of persons insured under PPO managed care products 1and number of persons insured under indemnity only products 2	(a) For health business: number of persons insured under PPO managed care products	1and number of persons insured under indemnity only products 2
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⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CELTIC INSURANCE COMPANY

2.

NAIC Group Code 1295 BUSINESS IN THE STATE O	F Consolidated			DURING THE YEAR	2016			(LOCATION) NA	IC Company Code	80799
LEG BOOM LEG IN THE OTHER	1	Compre (Hospital	hensive & Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	55 , 140	52,475	0	2,482	0	0	0	0	0	183
2 First Quarter	313,032	310,451	0	2,398	0	0	0	0	0	183
3 Second Quarter	284,635	282,115	0	2,337	0	0	0	0	0	183
4. Third Quarter	271,733	269,275	0	2,275	0	0	0	0	0	183
5. Current Year	250,937	248,551	0	2,215	0	0	0	0	0	171
6 Current Year Member Months	3,315,392	3,285,557	0	27,675	0	0	0	0	0	2,160
Total Member Ambulatory Encounters for Year:										
7. Physician	1,273,895	1,273,895	0	0	0	0	0	0	0	0
8. Non-Physician	1,145,347	1,145,347	0	0	0	0	0	0	0	0
9. Total	2,419,242	2,419,242	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	74,385	74,385	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	16,601	16,601	0	0	0	0	0	0	0	0
12. Health Premiums Written (b)	803,486,802	794 , 726 , 025	0	8,760,777	0	0	0	0	0	0
13. Life Premiums Direct	75,464	0	0	0	0	0	0	0	0	75,464
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	803,718,511	794,726,025	ļ0	8,917,022	0	0	0	0	0	75,464
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	541,945,078	535,290,659	0	6,359,471	0	0	0	0	0	294,948
18. Amount Incurred for Provision of Health Care Services	627,496,267	627,496,267	0	0	0	0	0	0	0	0

⁽a) For health business: number of persons insured under PPO managed care products 248,551 and number of persons insured under indemnity only products 2,215

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ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CELTIC INSURANCE COMPANY

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12
								Reserve Liability	_		
NAIC					Type of			Other Than For	Reinsurance	Modified	
Company	. ID			Domiciliary	Reinsurance		Unearned	Unearned	Payable on Paid and Unpaid Losses	Coinsurance	Funds Withheld
Code	Number	Effective Date	Name of Reinsured	Jurisdiction	Assumed	Premiums	Premiums	Premiums	and Unpaid Losses	Reserve	Under Coinsurance
Non-Affilia	tes - U.S. Non-Af	filiates	ALLIANZ LIFE INS CO OF N AMER	100	0.711/1/1						
90611	41-13660/5	12/01/2005	ALLIANZ LIFE INS CO OF N AMER.	MN	OTH/I/A		^		36,087		
0899999 -	Total Non-Affili	ates - U.S. Non-A	ITTITIATES			0	0	Ů		0	
1099999 -	Total Non-Affili	ates - lotal Non-	ATTITIATES			0	0	*		0	0
1199999 -	iotai U.S. (Sum	of 0399999 and 08	99999)			0	0	0	36,087	0	U
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9999999	Totale	<u> </u>			4	0	0	0	36,087	0	0
9999999	i UlaiS					U	U	U	30,007	U	0

SCHEDULE S - PART 2

	2	3	able on Paid and Unpaid Losses Listed by Rei	E	6	7
	2	3	4	5	0	7
1						
NAIC			Name			
Company	ID	Effective	of	Domiciliary	Paid	Unpaid
Code	Number	Date	Company	Jurisdiction	Losses	Losses
11835	04-1590940	ates - U.S. Non-Aff	INITIALES PARTNERRE AMERINS CO		3,578,272	2,097,942
00000	AA-9990032	01/01/2015	PARTNERRE AMER INS COUS Dept of HIth & Human Serv	DC.	16,314,715	2,093,120
1999999 - Acci	dent and Health	- Non-Affiliates - 1	J.S. Non-Affiliates		19,892,987	4,191,068
2199999 - Acci	dent and Health	- Non-Affiliates -	Total Non-Affiliates		19,892,987	4,191,068
2299999 - ACCI	dent and Health	- Total Accident and 399999, 0899999, 14	D Health (1000000)		19,892,987 19,892,987	4,191,068 4,191,068
2399999 - 1014	11 0.3. (30111 01 0	1399999, 00999999, 14	199999 and 1999999)		19,092,907	4,191,000
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		**	nd Health (Sum of 1199999 and 2299999)		19,892,987	4,191,06

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SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31. Current Year

		Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year 6 7													
Name						6	7								
Company Dot Company Dot Company Dot Company Dot Company Dot Company Dot Company Dot Company Dot Do	1	2	3	4	5			8	9	10	Outstanding	Surplus Relief	13	14	
Company Decide Effective Code	NAIC			Name		Type of	Type of		Unearned	Reserve Credit	11	12	1 Modified		
		ID	Effective		Domiciliary									Funds Withheld	
Stored School Stored S								Premiume			Current Vear	Prior Vear		Under Coinsurance	
1985 0-199000 (1997) 1987 1988 198 (198 (198 (198 (198 (198 (198 (198					dansalotion	Ocucu	Ocaca	1 Territariis	(Estimated)	Officarried Territoria	Ouriciit Tour	1 Hor real	T TRESELVE	Grider Combarance	
A9900022 J.1912195 Step of Hirl & Humis Step DC OM 5.751.505			01/01/2015	DADTNEDDE AMED INC CO	DE		CMM	7 000 000		1			1	1	
22677 55-277726 5111/200 152 MRT IN SC 0. 54 50 50 50 50 50 50 50	00000		01/01/2015	IIC Dont of III the & Illimon Comi				J,,000,090		· -				-	
22677 55-277726 5111/200 152 MRT IN SC 0. 54 50 50 50 50 50 50 50	00000	AA-9990032	01/01/2015	CEMEDAL DE LIEE CODD		·····		0,751,303	000 070	1 021 722				-	
1935	00200		04/04/2000	ACE AMED INC CO				,100,770	000,079	1,931,732				-	
1935	22007	90-23/1/20	01/01/2009	ACE AMED INC CO			CMM			· ·····				-	
1935 04-190940 07-107/2015 PRIMERRE MET INS (0) DE OM	11025	93-23/1/20	01/01/2009	DADTNEDDE AMED INC CO	PA		CMM			-				-	
1,831,732 0 0 0 0 0 0 0 0 0										. -				-	
199999 - General Account - Authorized - Non-Affiliates - Total Authorized Non-Affiliates - Total Authorized Non-Affiliates - Total Control - Authorized Non-Affiliates - Total Control - Authorized Non-Affiliates - Total Control - Authorized Non-Affiliates - Total Control - Authorized Non-Affiliates - Total Control - Non-Affilia					DE		UIVIWI	24 502 404	000 070	4 024 722	^	^			
119999 - General Account - Nathorized - Oral General Account Authorized - Oral General Account - Nathorized - Oral General Account - Oral General Account - Nathorized - Oral General Account - Oral General Accoun											U	· ·	U	0	
3599999 Central Account - Total General General - Total General General - Total General General - Total General General - Total General General - Total General General - Total General General - Total General General - Total General General - Total General General - Total General General - Total General General - Total General General - Total General General - Total General General - Total General General - Total General General - Total General General - Total General General General - Total General General - Total General General - Total General General General - Total General General General General General General Ge											0		-	0	
3699999 - Total U.S. (Sun of 3399999, 1899999, 2599999, 3799999, 2599999, 379999, 3799999, 3799999, 3799999, 3799999, 3799999, 3799999, 3799999, 3799999, 3799999, 3799999, 379999, 3799999, 3799999, 3799999, 3799999, 3799999, 3799999, 3799999, 3799999, 3799999, 3799999, 3799999, 379999, 379999, 379999, 379999, 379999, 379999, 379999, 3799999, 379999, 379999, 379999, 379999, 379999, 379999, 379999, 379999, 379999, 379999, 379999, 3799											0	0	0	0	
								21,593,181	808,879	1,931,732	0	0	0	0	
9300000 Trisis	6999999 -	Total U.S. (Sum	of 0399999, 08999	999, 1499999, 1999999, 2599999, 3099999, 3799999,	, 4299999, 4899999,	5399999, 5999999 and	1 6499999)	21,593,181	808,879	1,931,732	0	0	0	0	
21 571 581 898 870 1 93 772 0 0 0 0		·													
9000000 Totals															
900000 Totals															
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900000 Table 21 503 181 808 870 1 931 777 0 0 0 0										· -					
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900000 Trais										. .					
900000 Totals															
90,900 Totals 98,870 1 97,727 0 0 0 0										.					
909000 Totals 90 870 1 931 72 0 0 0 0]							
900000 Totals 808.870 1.031.732 0 0 0 0															
900000 Totals 908 870 1 011 732 0 0 0 0									• • • • • • • • • • • • • • • • • • • •						
900000 Totals										-				-	
909090 Trials 908 879 1 931 732 0 0 0 0 0					·····					· ······				-	
900000 Totals 808 870 1 931 733 0 0 0 0 0										- -				-	
900000 Totals 808 870 1 931 732 0 0 0 0										- -					
999999 Totals 808 870 1 931 732 0 0 0 0										. -					
999999 Totals 808 879 1 931 732 0 0 0 0										. .					
999999 Totals 808 879 1 931 732 0 0 0															
999999 Totals 808 879 1 931 732 0 0 0]		.ll			[
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999999 Totals 808.879 1 931.732 0 0 0															
990909 Totals 808 879 1 931 732 0 0 0										· ·····		·			
999999 Totals 808 879 1 931 732 0 0 0										-			····		
999999 Totals 21 593 181 808 879 1 931 732 0 0 0										- -		ļ	····	-	
9999999 Totals 808 879 1 931 732 0 0 0										. -		ļ	ļ		
9090909 Totals 21 503 181 808 879 1 031 732 0 0 0										. .					
9090909 Totals 21 503 181 808 879 1 031 732 0 0 0										.					
	9999999	Totals						21,593,181	808,879	1,931,732	0	0	0	0	

Schedule S - Part 4

NONE

Schedule S - Part 5

NONE

SCHEDULE S – PART 6 Five-Year Exhibit of Reinsurance Ceded Business (000 Omitted)

	, ,	Omitted)			
	1 2016	2 2015	3 2014	4 2013	5 2012
A. OPERATIONS ITEMS					
1. Premiums	21,593	13,778	15,437	15,461	13,946
2. Title XVIII-Medicare	0	0	0	0	0
3. Title XIX-Medicaid	0	0	0	0	0
4. Commissions and reinsurance expense allowance	219	257	771	1,038	1 , 139
Total hospital and medical expenses	25 , 137	11,864	17,081	21,598	18,328
B. BALANCE SHEET ITEMS					
6. Premiums receivable	825	13	0	0	0
7. Claims payable	(4,191)	(2,052)	(769)	(692)	(1,032
8. Reinsurance recoverable on paid losses	19,893	8,449	4,607	2,927	206
9. Experience rating refunds due or unpaid	9,348	937	1,174	4	4
10. Commissions and reinsurance expense allowances due.		0	0	0	0
11. Unauthorized reinsurance offset	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)	0	0	0	0	0
14. Letters of credit (L)	0	0	0	0	0
15. Trust agreements (T)	0	0	0	0	0
16. Other (O)	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust	0	0	0	0	0
18. Funds deposited by and withheld from (F)	0	0	0	0	0
19. Letters of credit (L)	0	0	0	0	0
20. Trust agreements (T)	0	0	0	0	0
21. Other (O)	0	0	0	0	0

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1	2	3
		As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	467 , 132 , 328		467 , 132 , 328
2.	Accident and health premiums due and unpaid (Line 15)	6,242,222		6,242,222
3.	Amounts recoverable from reinsurers (Line 16.1)	19,892,987		19,892,987
4.	Net credit for ceded reinsurance	xxx	24,084,055	24,084,055
5.	All other admitted assets (Balance)	99,762,324		99,762,324
6.	Total assets (Line 28)	593,029,861	24,084,055	617,113,916
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	107 , 255 , 508	4,191,068	111,446,576
8.	Accrued medical incentive pool and bonus payments (Line 2)	610,931		610,931
9.	Premiums received in advance (Line 8)	44,681,266		44,681,266
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)	1,346,146		1,346,146
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)	0		0
12.	Reinsurance with Certified Reinsurers (Line 20 inset amount)	0		0
13.	Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0		0
14.	All other liabilities (Balance)	385,884,113		385,884,113
15.	Total liabilities (Line 24)	539 ,777 ,964 .	4,191,068	543,969,032
16.	Total capital and surplus (Line 33)	53,251,897	XXX	53,251,897
17.	Total liabilities, capital and surplus (Line 34)	593,029,861	4,191,068	597,220,929
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	4, 191,068		
19.	Accrued medical incentive pool	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	19,892,987		
22.	Other ceded reinsurance recoverables	0		
23.	Total ceded reinsurance recoverables	24,084,055		
24.	Premiums receivable	0		
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26.	Unauthorized reinsurance	0		
27.	Reinsurance with Certified Reinsurers.	0		
28.	Funds held under reinsurance treaties with Certified Reinsurers.	0		
29.	Other ceded reinsurance payables/offsets	0		
30.	Total ceded reinsurance payables/offsets	0		
31.	Total net credit for ceded reinsurance	24,084,055		

SCHEDULE T – PART 2 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

					siness Only		
States, Etc.	Al	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama	AL				-		
2. Alaska	AK AZ						
3. Arizona							
4. Arkansas	AR						
5. California	CA						
6. Colorado							
7. Connecticut							
8. Delaware							
9. District of Columbia							
10. Florida							
I1. Georgia							
12. Hawaii							
13. Idaho							
14. Illinois	IL				-	·	
5. Indiana					-	·	
16. lowa			-		-	-	
I7. Kansas			-		-	-	
18. Kentucky							
19. Louisiana	LA						
20. Maine			ļ		· 	ļ	
21. Maryland					.		
22. Massachusetts							
23. Michigan	MI						
24. Minnesota	MN						
25. Mississippi	MS						
26. Missouri	MO						
27. Montana	TM						
28. Nebraska	NE						
29. Nevada	NV						
30. New Hampshire	NH						
31. New Jersey	NJ						
32. New Mexico	NM						
33. New York	NY						
34. North Carolina							
35. North Dakota	ND						
36. Ohio	OH						
37. Oklahoma	OK						
38. Oregon						215	
39. Pennsylvania				***************************************		1	
10. Rhode Island				• • • • • • • • • • • • • • • • • • • •			
11. South Carolina						<u> </u>	
12. South Dakota							
43. Tennessee	TN			•			
14. Texas	TX						
I5. Utah							
16. Vermont	VT						
io. Vernioni 17. Virginia							
ł8. Washington							
19. West Virginia					1		
•							
50. Wisconsin					-	†	
51. Wyoming							
52. American Samoa							
53. Guam							
54. Puerto Rico							
55. US Virgin Islands			!		1		
56. Northern Mariana Islands							
57. Canada					1		
58. Aggregate Other Alien	OT I				I		i e

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1	2	3	4	5	6	7 Name of	8	9	10	11	12 Type of Control	13	14	15	16
						Securities			L		(Ownership,			ll	
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
0		NAIC	ID	Fadanal		Publicly	Names of Parent. Subsidiaries	Damiailian	to	Discoults Constantly d.h.	Management,	Ownership	Lillian eta Cantasilia e	Filing	
Group Code	Group Name	Company Code	Number	Federal RSSD	CIK	Traded (U.S. or International)	or Affiliates	Domiciliary Location	Reporting Entity	Directly Controlled by (Name of Entity/Person)	Attorney-in-Fact,	Provide	Ultimate Controlling Entity(ies)/Person(s)	Required? (Y/N)	*
Code	Group Name	Code	Nullibei	ROOD	CIK	New York Stock	Of Affiliates	Location	Entity	Shareholders/Board of	Shareholders/Boa		Shareholders/Board	(1/N)	
01295	Centene Corporation	00000	42-1406317		0001071739		Centene Corporation	DE	UDP	Directors	rd of Directors	100.0	of Directors		٥
01230	Contone corporation		42-1400017		0001071733	LAGITATIGO	Bankers Reserve Life Insurance			D11001013	Tu of Directors	1100.0	Centene		
01295	Centene Corporation	71013	39-0993433				Company of Wisconsin	WI	IA	Centene Corporation.	Ownership	100.0	Corporat ion		0
0.200	00110110 001 por at 1011	1	00 0000 100				Company or wroconorm			Bankers Reserve Life	0 0 p		001 por ac 1011		
							Health Plan Real Estate			Insurance Company of			Centene		
01295	Centene Corporation	00000	46-2860967				Holding, Inc.	MO	NIA	Wisconsin	Ownership	17.0	Corporation	l	0
	, , , , , , , , , , , , , , , , , , , ,]						Centene		
01295	Centene Corporation	12315	20-3174593				Peach State Health Plan, Inc	GA	I A	Centene Corporation	Ownership	100.0	Corporation		0
	· ·						Health Plan Real Estate			·	,		Centene		
01295	Centene Corporation	. 00000	46-2860967				Holding, Inc	MO	NIA	Peach State Health Plan, Inc	Ownership	21.0	Corporation		0
											·		Centene		
01295	Centene Corporation	15713	46-4829006	.			lowa Total Care, Inc	I A	I A	Centene Corporation	Ownership	100.0	Corporation		0
							Buckeye Community Health Plan,						Centene		
01295	Centene Corporation	11834	32-0045282				Inc	OH	I A	Centene Corporation	Ownership	100.0	Corporation		0
							Health Plan Real Estate			Buckeye Community Health			Centene		
01295	Centene Corporation	00000	46 - 2860967				Holding, Inc	MO	NIA	Plan, Inc	Ownership	13.0	Corporation		0
0.4005		40050					l., .	0.0				400.0	Centene		
01295	Centene Corporation	12959	20-5693998				Absolute Total Care, Inc	SC	I A	Centene Corporation	Ownership	100.0	Corporation		D
04005	0101	00000	40, 0000007				Health Plan Real Estate	MO	NI LA	About the Total Consults	O	1 4 0	Centene		
01295	Centene Corporation	. 00000	46 - 2860967	-			Holding, Inc	JWU	NIA	Absolute Total Care, Inc	Ownership	1.0	Corporat ion		
01295	Contana Corneration	00000	59-3807546				Dhysisians Chaics IIC	SC	N I A	Absolute Total Care, Inc	Ownership	100 0	Centene		0
01295	Centene Corporation	. 00000	39-300/340				Physicians Choice, LLC	36	NIA	Absorute lotal care, inc	Ownership	100.0	Corporation Centene		U
01295	Centene Corporation	00000	65-1206841				PhyTrust of South Carolina LLC	FL	NIA	Absolute Total Care, Inc	Ownership	100.0	Corporation		0
01295	l	. 00000	03-1200041	-			Coordinated Care Corporation	J L	NTA	Absorute lotal care, ilic	Owner strip	100.0	Centene		
01295	Centene Corporation	95831	39-1821211				d/b/a Managed Health Services	IN	IA	Centene Corporation	Ownership	100.0	Corporation		٥
0 1200	l	33031	00-1021211				Health Plan Real Estate	1		Coordinated Care Corporation	0 #1101 3111 p	1	Centene		
01295	Centene Corporation	. 00000	46-2860967				Holding, Inc	MO	NIA	d/b/a Managed Health Services.	Ownership	15.0	Corporation		0
0.200	00110110 001 por at 1011	"""					Healthy Washington Holdings,			a, s, a managea near the correct	0 0 p	1	Centene		
01295	Centene Corporation	00000	46-5523218				Inc	DE	NIA	Centene Corporation	Ownership	100.0	Corporation		0
	, , , , , , , , , , , , , , , , , , , ,						Coordinated Care of Washington,	1		Healthy Washington Holdings,			Centene		
01295	Centene Corporation	15352	46-2578279				Inc	WA	I A	Inc	Ownership	100.0	Corporation		0
	,						Managed Health Services				,		Centene		
01295	Centene Corporation	96822	39-1678579				Insurance Corp	W I	I A	Centene Corporation	Ownership	100.0	Corporation		0
	'	l l					Health Plan Real Estate			Managed Health Services			Centene	İ	İ
01295	Centene Corporation	. 00000	46-2860967				Holding, Inc	MO	NIA	Insurance Corp	Ownership	2.0	Corporation		0
											·		Centene		
01295	Centene Corporation	60078	86-0819817	.			Hallmark Life Insurance Co	AZ	I A	Centene Corporation	Ownership	100.0	Corporation		0
													Centene		
01295	Centene Corporation	95647	74-2770542				Superior HealthPlan, Inc	ТХ	I A	Centene Corporation	Ownership	100.0	Corporation		0
	<u> </u>						Health Plan Real Estate						Centene		
01295	Centene Corporation	. 00000	46-2860967	-			Holding, Inc	MO	NIA	Superior HealthPlan, Inc	Ownership	21.0	Corporation		0
04005		00000	07 0046664				l,, ,,, , , , , , , , , , , , , , , , ,	5-					Centene		
01295	Centene Corporation	00000	27 - 0916294				Healthy Louisiana Holdings LLC	DE	NIA	Centene Corporation	Ownership	100.0	Corporat ion		0
04005	Conton Connection	10070	07 4007007				Louisiana Healthcare	1.4	1.4	Healthy Louisiana Holdings	Own a nala i	400 0	Centene		_
01295	Centene Corporation	13970	27 - 1287287	.			Connections, Inc	LA		LLC	Ownership		Corporation		0

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									10	1			T 44		
1	2	3	4	5	6	7 Name of Securities	8	9	10	11	12 Type of Control (Ownership,	13	14	15	16
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary	Reporting	Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Y/N)	*
01295	Centene Corporation	13923	20-8570212				Magnolia Health Plan Inc	MS	I A	Centene Corporation	Ownership	100.0			0
01295	Centene Corporation	14053	27 - 2186150				IlliniCare Health Plan, Inc	IL	I A	Centene Corporation	Ownership	100.0			0
01295	Centene Corporation	00000	46-2860967				Health Plan Real Estate Holding, Inc	MO	NIA	IlliniCare Health Plan, Inc	Ownership	5.0			0
01295	Centene Corporation	00000	26-0557093				Sunshine Health Holding LLC	FL	NIA	Centene Corporation	Ownership	100.0	Centene Corporation		0
01295	Centene Corporation	13148	20-8937577				Sunshine State Health Plan, Inc.	FL	IA	Sunshine Health Holding LLC	Ownership	100.0	Centene Corporation		0
01295	Centene Corporation	00000	56-2384404				Access Health Solutions LLC	FL	NIA	Sunshine Health Holding LLC	Ownership	100.0			0
01295	Centene Corporation	00000	27 - 0242132				Sunshine Consulting Services, Inc Kentucky Spirit Health Plan,	DE	NIA	Sunshine Health Holding LLC	Ownership	100.0	Centene Corporation Centene		0
01295	Centene Corporation	14100	45-1294925				Inc	KY	I A	Centene Corporation	Ownership	100.0	Corporation		0
01295	Centene Corporation	. 00000	45-5070230				Healthy Missouri Holding, Inc	MO	NIA	Centene Corporation	Ownership	95.0	Corporation Centene		0
01295	Centene Corporation	14218	45-2798041				Home State Health Plan, Inc Health Plan Real Estate	MO	I A	Healthy Missouri Holding, Inc.	Ownership	100.0	Corporation		0
01295	Centene Corporation	00000	46-2860967				Holding, IncSunflower State Health Plan,	MO	NIA	Home State Health Plan, Inc	Ownership	5.0			0
01295	Centene Corporation	14345	45-3276702				Inc	KS	I A	Centene Corporation	Ownership	100.0			0
01295	Centene Corporation	14226	45-4792498				Granite State Health Plan, Inc Bridgeway Advantage Solutions,	NH	I A	Centene Corporation	Ownership	100.0			0
01295	Centene Corporation	15447	46-4195563				IncCalifornia Health and Wellness	AZ	l A	Centene Corporation	Ownership	100.0	Corporation Centene		0
01295	Centene Corporation	00000	46-0907261				PlanFidelis SecureCare of Michigan.	CA	NIA	Centene Corporation	Ownership	100.0			0
01295	Centene Corporation	10769	30-0312489				Inc	MI	I A	Centene Corporation	Ownership	100.0	Corporation Centene		0
01295	Centene Corporation	. 00000	20-0483299				Agate Resources, IncLane Individual Practice	0R		Centene Corporation	Ownership	100.0	Corporation Centene		0
01295	Centene Corporation	i i	93-1198219				Association, IncTrillium Community Health Plan,	0R	NIA	Agate Resources, Inc Lane Individual Practice	Ownership	100.0	Centene		0
01295	Centene Corporation	12559	42-1694349				IncTrillium Community Health Plan,	0R	I A	Association, Inc	Ownership	60.0	Centene		0
01295	Centene Corporation	12559	42-1694349				I Inc	0R	I A	Agate Resources, Inc	Ownership	40.0	Centene		0
01295	Centene Corporation	. 00000	26-4475075				Agate Properties, LLCIndependent Professional	0R	NIA	Agate Resources, Inc	Ownership	100.0	Corporation Centene		0
01295	Centene Corporation	. 00000	93-1198376				Services, LLC	0R	NIA	Agate Resources, Inc	Ownership		Corporation Centene		0
01295	Centene Corporation		47 - 5123293				Nebraska Total Care, Inc Pennsylvania Health & Wellness,	NE	NIA	Centene Corporation	Ownership	100.0	Centene		0
01295	Centene Corporation	. 00000	47 - 5340613				Inc.	PA	NIA	Centene Corporation	Ownership	1100.0	Corporation		0

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1	2	3	4	5	6	/ Name of	8	9	10	11	12 Type of Control	13	14	15	16
						Securities					(Ownership,				
		NAIG				Exchange if	Names of		Relationship		Board,	If Control is		Is an SCA	
Group		NAIC Company	ID	Federal		Publicly Traded (U.S. or	Names of Parent, Subsidiaries	Domiciliary	to Reporting	Directly Controlled by	Management, Attorney-in-Fact,	Ownership Provide	Ultimate Controlling	Filing Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)		Entity(ies)/Person(s)	(Y/N)	*
0.400.5	0 1 0 1:	00000	00 4004070									400.0	Centene		
01295	Centene Corporation	00000	39 - 1864073				Centene Management Company LLC	WI	NIA	Centene CorporationCentene Management Company	Ownership	100.0	Corporation Centene		
01295	Centene Corporation	00000	20-0057283				CMC Real Estate Co. LLC.	DE	NIA	LLC	Ownership	100.0	Corporat ion		0
0.4005								25	l				Centene	İ	
01295	Centene Corporation	00000	. 26-4094682				Centene Center LLC	DE	NIA	CMC Real Estate Co. LLC	Ownership	100.0	Corporation Centene		Ω
01295	Centene Corporation	00000	47 - 5156015				Centene Center II, LLC	DE.	NIA	CMC Real Estate Co. LLC	Ownership.	100.0			0
0.4005	,		4004007									400.0	Centene		
01295	Centene Corporation	00000	46-4234827				CMC Hanley, LLC	MO	NIA	CMC Real Estate Co. LLC	Ownership	100.0	CorporationCentene		0
01295	Centene Corporation	00000	47 - 2914561				Forhan, LLC	MO	NIA	CMC Real Estate Co. LLC	Ownership	100.0	Corporation		0
0.4005	,											400.0	Centene		
01295	Centene Corporation	00000	. 37 - 1766939				Hanley-Forsyth, LLC	MO	NIA	CMC Real Estate Co. LLC	Ownership	100.0	Corporation Centene		0
01295	Centene Corporation	00000	45-5431787				GPT Acquisition LLC.	DE	NIA	CMC Real Estate Co. LLC	Ownership.	100.0	Corporation		0
0.4005	,		45 4070005					25	l				Centene		
01295	Centene Corporation	00000	45-4372065				Clayton Property Investment LLC	DE	NIA	GPT Acquisition LLC	Ownership	100.0	Corporation Centene		0
01295	Centene Corporation	00000	46-2794037				LSM Holdco. Inc.	DE	NIA	Centene Corporation	Ownership	100.0	Corporation		0
	·							ļ	l	l			Centene	İ	
01295	Centene Corporation	00000	. 46-2798132				Lifeshare Management Group, LLC.	NH	NIA	LSM Holdco, Inc	Ownership	100.0	Corporation Centene		0
01295	Centene Corporation	00000					Chopin Merger Sub I, Inc	DE	NIA	Centene Corporation	Ownership	100.0			0
04005	040	00000	47 5000070						NII A	0	O	400.0	Centene		
01295	Centene Corporation	00000	47 - 5208076				Chopin Merger Sub II, Inc	DE	NIA	Centene Corporation	Ownership	100.0	Corporation Centene	l	
01295	Centene Corporation	00000	20-2074217				CCTX Holdings, LLC	DE	NIA	Centene Corporation	Ownership	100.0	Corporat ion		0
04005	0	00000	74 0040404				0		NII A	00TV Haldings 110	O	, ,	Centene		
01295	Centene Corporation	00000	. 74 - 2810404				Centene Company of Texas, LP	TX	NIA	CCTX Holdings, LLC	Ownership	1.0	Corporation Centene		
01295	Centene Corporation	00000	20-2074277				Centene Holdings, LLC	DE	NIA	Centene Corporation	Ownership	100.0	Corporat ion		0
04205	Contone Corneration	00000	74-2810404				Centene Company of Texas, LP	TX	NII A	Centene Holdings, LLC	Ownership	00.0	Centene		0
01295	Centene Corporation	00000	74-2010404				Centene Company of Texas, LP	/ A	NIA	Lentene Horarngs, LLC	Ownership	99.0	Corporation Centene		
01295	Centene Corporation	00000	43-1795436				MHS Travel & Charter, Inc	WI	NIA	Centene Corporation	Ownership	100.0	Corporat ion		0
04205	Contone Corneration	00000	47 - 2516714				LiveHealthier. Inc.	DE	NII A	Contona Corneration	Ownership	100.0	Centene		0
01295	Centene Corporation	00000	. 47 -23107 14				Livenearther, inc	DE	NIA	Centene Corporation	Ownership	100.0	Corporation Centene		
01295	Centene Corporation	00000	37 - 1788565				Envolve, Inc	DE	NIA	Centene Corporation	Ownership	100.0	Corporat ion		0
01205	Contone Corneration	00000	47 - 3454898				Centene Health Systems Group of	NY	NI A	Contono Corneration	Ownership	100.0	Centene		
01295	Centene Corporation	00000	. 41 -0404096				New York		NIA	Centene Corporation	Ownership	100.0	Corporation Centene		
01295	Centene Corporation	00000	. 46 - 4855483				Health Care Enterprises, LLC	DE	NIA	Centene Corporation	Ownership	100.0	Corporat ion		0
01295	Centene Corporation	00000	22-3889471				CenCorp Health Solutions, Inc	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation		
01290	Contene Corporation	00000	. 22-300941 1				to the state of th			Locutone corboration	OMING! 2111h	100.0	Centene		
01295	Centene Corporation	00000	42-1565805				Cenphiny Mgmt, LLC	DE	NIA	CenCorp Health Solutions, Inc.	Ownership	100.0	Corporat ion		0

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						Name of					Type of Control				
						Securities Exchange if			Relationship		(Ownership, Board.	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary	Reporting	Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)			Entity(ies)/Person(s)	(Y/N)	*
													Centene		
01295	Centene Corporation	00000	42-1565807				NurseWise Holdings LLC	DE	NIA	CenCorp Health Solutions, Inc	.Ownership	100.0	Corporation		0
04205	Contant Consenting	00000	52-2379566				 NurseWise LP	DE	NIA	NuncaWise Heldings II C	O	100 0	Centene		
01295	Centene Corporation	. 00000	32-23/9300				Indisewise LP	DE	NIA	NurseWise Holdings LLC	Ownership	100.0	Corporation Centene		
01295	Centene Corporation	00000	20-4730372				Nurse Response, Inc	DE	NIA	NurseWise LP	Ownership	100.0			٥
01200			20 4100012				Nar 30 Nosponso, mo		1	National El	0 #1101 0111 p	1	Centene		
01295	Centene Corporation	00000	20-4980875				Bridgeway Health Solutions, LLC.	DE	NIA	CenCorp Health Solutions, Inc	Ownership	100.0	Corporat ion		0
	·						Bridgeway Health Solutions of			Bridgeway Health Solutions,			Centene		
01295	Centene Corporation	00000	20-4980818				Arizona, Inc.	AZ	NIA	LLC	Ownership	100.0	Corporation		0
04005	Contant Consenting	00000	06-1476380				Nivetire Health Lee	DE	NII A	CanCana Haaliba Calutiana Ina	O	100 0	Centene		
01295	Centene Corporation	. 00000	00 - 14/0380				Nurtur Health, Inc Family Care & Workforce	DE	NIA	CenCorp Health Solutions, Inc	. ownersnip	100.0	Corporation		
							Diversity Consultants LLC d/b/a						Centene		
01295	Centene Corporation.	00000	06 - 1404277				Worklife Innovations	CT	NIA	Nurtur Health, Inc	Ownership	100.0	Corporation		0
										Family Care & Workforce					
										Diversity Consultants LLC			Centene		
01295	Centene Corporation	00000	16-1686991				Wellness By Choice, LLC	NY	NIA	d/b/a Worklife Innovations	Ownership	100.0	Corporation		0
0.4005		00000	00 0404504				Cenpatico Behavioral Health,	0.4				400.0	Centene		
01295	Centene Corporation	. 00000	68-0461584	-			Cenpatico Behavioral Health of	CA	NIA	CenCorp Health Solutions, Inc Cenpatico Behavioral Health,	. Uwnership	100.0	Corporation Centene		
01295	Centene Corporation	12525	74-3018565				Texas. Inc	ТХ	I A	Til	Ownership.	100 0	Corporation		١
01200	Contone Corporation	12020	7 + 00 10000				Toxas, mo			Cenpatico Behavioral Health.	0 #1101 O111 P	1	Centene		
01295	Centene Corporation	00000	86-0782736				CBHSP Arizona, Inc	AZ	NIA	LLC.	Ownership	100.0	Corporat ion		0
	·									Cenpatico Behavioral Health,			Centene		
01295	Centene Corporation	00000	47 - 2595704				Cenpatico of California, Inc	CA	NIA	LLC	Ownership	100.0	Corporation		0
04005	Contain Commentian	00000	74-2892993				Integrated Mental Health Mgmt,	TV	NIA	Cenpatico Behavioral Health,	O	100 0	Centene		
01295	Centene Corporation	00000	74-2092993				Integrated Mental Health	TX	NTA	Integrated Mental Health	Ownership	100.0	Corporation Centene		
01295	Centene Corporation	00000	74-2785494				Services	TX	NIA	Mgmt, LLC	Ownership.	100 0	Corporation		0
0.200			2.00 10 1				Cenpatico Behavioral Health of			Cenpatico Behavioral Health,			Centene		
01295	Centene Corporation	00000	20-1624120	.			Arizona, LLC	AZ	NIA	LLC	Ownership	100.0	Corporation		0
0.400.5			00 0070040							Cenpatico Behavioral Health			Centene		
01295	Centene Corporation	14704	80-0879942				Cenpatico of Arizona Inc	AZ	I A	of Arizona, LLC	Ownership	80.0			0
01295	Centene Corporation	00000	27 -5349029				 Cenpatico of Florida, Inc	FL	NIA	Cenpatico Behavioral Health,	Ownership	100.0	Centene Corporation		٥
01295	Centene Corporation	. 00000	21 - 3349029				l cenpatited of Fioritia, Inc		NIA	LLO	. Owner Sirip	100.0	Centene		
01295	Centene Corporation	00000	20-4730341				Envolve Benefit Options, Inc	DE	NIA	Centene Corporation	Ownership	100.0			0
	'						OptiCare Vision Insurance Co,			'	i '		Centene		
01295	Centene Corporation	. 00000	36-4520004				Inc	SC	NIA	Envolve Benefit Options, Inc.	Ownership	100.0			0
0.400.5		05000	75 0500450				AECC Total Vision Health Plan	- 14					Centene		
01295	Centene Corporation	95302	75-2592153				of Texas, Inc	ТХ	I A	Envolve Benefit Options, Inc.	. Uwnership	100.0	Corporation		0
01295	Centene Corporation	00000	20-4773088				OptiCare Vision Company, Inc	DE	NIA	Envolve Benefit Options, Inc.	Ownerchin	100.0	Centene Corporation		٥
01233			20-4113000				TOPETORIE FISTOR COMPANY, INC			Linvolve benefit options, IIIc.	. omiici siiip	100.0	Centene		
01295	Centene Corporation	00000	65-0094759]			Ocucare Systems, Inc.	FL	NIA	Envolve Benefit Options, Inc.	Ownership	100.0	Corporation		0

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1	2	3	4	5	ь	/ Name of	8	9	10	"	12 Type of Control	13	14	15	16
						Securities					(Ownership,				
		NAIG				Exchange if	Names of		Relationship		Board,	If Control is		Is an SCA	
Group		NAIC Company	, ID	Federal		Publicly Traded (U.S. or	Names of Parent, Subsidiaries	Domiciliary	to Reporting	Directly Controlled by	Management, Attorney-in-Fact,	Ownership Provide	Ultimate Controlling	Filing Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)		Entity(ies)/Person(s)	(Y/N)	*
24005			00 1001011					25				400.0	Centene		
01295	Centene Corporation	00000	20-4861241				Envolve Total Vision, Inc	DE	NIA	Envolve Benefit Options, Inc.	Ownership	100.0	Corporation Centene		0
01295	Centene Corporation	00000	06-1635519				OptiCare IPA of New York, Inc	NY	NIA	Envolve Benefit Options, Inc.	Ownership	100.0	Corporation		0
	']				·		Centene		
01295	Centene Corporation	00000	. 46-2783884				Dental Health & Wellness, Inc	DE	NIA	Centene Corporation	Ownership	100.0	Corporation Centene		0
01295	Centene Corporation	15357	45-2303998				Cenpatico of Louisiana, Inc	LA	I A	Centene Corporation	Ownership.	100.0	Corporation		0
	'									'	'		Centene		
01295	Centene Corporation	00000	. 36-2979209				Celtic Group, Inc	DE	NIA	Centene Corporation	Ownership	100.0	Corporation		0
01295	Centene Corporation	80799	. 06-0641618				Celtic Insurance Company	IL	I A	Celtic Group, Inc	Ownership	75.0	Centene Corporation		0
							' '				'		Centene		
01295	Centene Corporation	15762	. 35-2525384				Ambetter of Magnolia Inc	MS	I A	Celtic Insurance Company	Ownership	100.0	Corporation		0
01295	Centene Corporation	15729	36-4802632				Ambetter of Peach State Inc	GA	IA	Celtic Insurance Company	Ownership	100 0	Centene Corporation		0
01200	ourtone corporation						Transcript of Foderi State me			1	0 110 0 11 0 11 1		Centene		
01295	Centene Corporation	00000	27 -2221367				Novasys Health, Inc.	DE	NIA	Celtic Group, Inc	Ownership	100.0	Corporation		0
01295	Centene Corporation	00000	. 26-4278205				CeltiCare Health Plan Holdings	DE	NIA	Celtic Group, Inc	Ownership	100 0	Centene Corporation		0
01200	Contone corporation	00000					CeltiCare Health Plan of	DL		CeltiCare Health Plan	0 milor 3iri p		Centene		
01295	Centene Corporation	13632	. 26-4818440				Massachusetts, Inc	MA	I A	Holdings LLC	Ownership	100.0	Corporation		0
01295	Centene Corporation	00000	77 -0578529				US Script, Inc	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation		0
01200	dontono corporatron	00000					00 0011pt, 1110	DL		· ·	0 milor on ip		Centene		
01295	Centene Corporation	00000	76-0511700				LBB Industries, Inc.	TX	NIA	US Script, Inc	Ownership	100.0	Corporation		0
01295	Centene Corporation	00000	. 75-2612875				RX Direct, Inc	TX	NIA	US Script, Inc	Ownership	100 0	Centene Corporation		0
01200	Contone corporation	00000					In Bricet, me	/ /		i i	i i		Centene		
01295	Centene Corporation	00000	. 46 - 2307356				US Script IPA, LLC	NY	NIA	US Script, Inc	Ownership	100.0	Corporation		0
01295	Centene Corporation	00000	90-0636938				Casenet LLC	DE	NIA.	Centene Corporation	Ownership	100 0	Centene Corporation		0
01200	dontono corporatron	00000					dagonot EE	DL		ochtono corporation	0 milor on ip		Centene		
01295	Centene Corporation	00000					Casenet S.R.O.	CZE	NIA	Casenet LLC	Ownership	100.0	Corporation		0
01295	Centene Corporation	00000	61-1450727				Centurion Group, Inc	DE	NIA	Centene Corporation	Ownership	100 0	Centene Corporation		0
01200	Contone corporation						Contain for or oup, mo			Content corporation	0 milor 3iri p		Centene		
01295	Centene Corporation	00000	90-0766502				Centurion LLC.	DE	NIA	Centurion Group, Inc	Ownership	51.0	Corporation		0
01295	Centene Corporation	00000	47 - 1577742				Centurion of Virginia, LLC	VA	NIA	Centurion LLC	Ownership	100 0	Centene Corporation		0
01233	Toentene corporation	00000	. 47 - 15/ / / 42				l centurion or virginia, LLc	· / /		Centurion ELC	Owner 3111p	100.0	Centene		
01295	Centene Corporation	00000	47 - 1686283				Centurion of Vermont, LLC	VT	NIA	Centurion LLC	Ownership	100.0	Corporation		0
01295	Centene Corporation	00000	. 47 - 1229365				Centurion of Pennsylvania, LLC	PA	NIA	Centurion LLC	Ownership	100.0	Centene Corporation		0
01233	l centene corporation	00000	. 41 - 122300				locitui ion or rennsyrvania, EEC	F M			O#1161 9111P	100.0	Centene	·	
01295	Centene Corporation	00000	47 - 2967381				Centurion of Mississippi, LLC	MS	NIA	Centurion LLC	Ownership	100.0	Corporation		0
01295	Centene Corporation.	00000	30-0752651				Centurion of Tennessee, LLC	TN	NIA	Centurion LLC	Ownership	100.0	Centene		
U 1290	Logurgue corboration	00000	1 207 01 202 I				poentui ion or rennessee, LLC	1 IN		Locuration Fro	ownersinp	100.0	Corporation	l	U

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1	2	3	4	5	6	Name of	8	9	10	11	12 Type of Control	13	14	15	16
						Securities Exchange if			Relationship		(Ownership, Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary	Reporting	Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Y/N)	*
04005	Contant Consenting	00000	04 4000004				Massachusetts Partnership for	MA	NILA	Canturian IIIC	O	100 0	Centene		
01295	Centene Corporation	00000	61-1696004				Correctional Healthcare, LLC	MA	NIA	Centurion LLC	Ownership	100.0	Corporation Centene		
01295	Centene Corporation	00000	46-3590120				Centurion of Idaho. LLC	ID	NIA	Centurion LLC	Ownership	100.0			0
	,	i i					,						Centene		
01295	Centene Corporation	00000	46 - 1041008				Centurion of Michigan, LLC	MI	NIA	Centurion LLC	Ownership	100.0			0
01295	Centene Corporation	00000	46-2717814				Centurion of Minnesota, LLC	MN	NIA	Centurion LLC	Ownership.	100.0	Centene Corporation		١
01200	Tochtene corporation		40-2/1/014				Centurion Correctional	Jiii V		Contarion ELC.	0 #1101 3111 p	100.0	Centene		
01295	Centene Corporation	00000					Healthcare of New Mexico, LLC	NM	NIA	Centurion LLC	Ownership	100.0	Corporation		0
04205	Cantana Cananatian	00000	81-0687470				 Centurion of Florida. LLC	FL	NII A	Canturian II C	O	100.0	Centene		
01295	Centene Corporation	00000	81-008/4/0	-			Specialty Therapeutic Care	FL	NIA	Centurion LLC	Ownership	100.0	Corporation Centene		J
01295	Centene Corporation	00000	27 - 3617766				Holdings, LLC	DE	NIA	Centene Corporation	Ownership	100.0		l	0
	· ·									Specialty Therapeutic Care			Centene	i i	
01295	Centene Corporation	00000	73-1698808				Specialty Therapeutic Care, LP Specialty Therapeutic Care, GP.	TX	NIA	Holdings, LLCSpecialty Therapeutic Care	Ownership	100.0	Corporation Centene		0
01295	Centene Corporation.	00000	73-1698807				ITC	TX	NIA	Holdings, LLC	Ownership_	100 0	Corporation		0
01200	derrend corporation									Specialty Therapeutic Care,	0 1110 1 0111 p		Centene		
01295	Centene Corporation	00000	73-1698808				Specialty Therapeutic Care, LP	TX	NIA	IGP IIC	Ownership	0.0			0
01295	Contona Corneration	00000	26 - 2624521				Specialty Therapeutic Care West, LLC.	TX	NIA	Specialty Therapeutic Care, LP (0.01%)	Ownership.	100.0	Centene Corporation		١
01293	Centene Corporation		20-2024021					I A	NIA	Specialty Therapeutic Care	. Owner Sirip	100.0	Centene		
01295	Centene Corporation	00000	80-0856383				AcariaHealth Solutions, Inc	DE	NIA	Holdings, LLC	Ownership	100.0	Corporation		0
0.4005			45 0700004				l	25		Specialty Therapeutic Care			Centene		
01295	Centene Corporation	00000	45-2780334	-			AcariaHealth, Inc	DE	NIA	Holdings, LLC	Ownership	100.0	Corporation Centene		0
01295	Centene Corporation	00000	27 - 1599047				AcariaHealth Pharmacy #14, Inc	CA	NI A	AcariaHealth, Inc	Ownership	100.0			0
	'	i i								i '	,		Centene		
01295	Centene Corporation	00000	20-8192615				AcariaHealth Pharmacy #11, Inc	TX	NIA	AcariaHealth, Inc	.Ownership	100.0	Corporation		0
01295	Centene Corporation	00000	27 - 2765424				AcariaHealth Pharmacy #12. Inc	NY	NIA	AcariaHealth. Inc.	Ownership	100.0	Centene Corporation		ا ۱
01200	derrend corporation						Thour randarth Friatmady #12, Tho			nour rangar (ii, iiio)	. o #1101 o111 p	100.0	Centene		
01295	Centene Corporation	00000	26-0226900				AcariaHealth Pharmacy #13, Inc	CA	NIA	AcariaHealth, Inc	Ownership	100.0			0
01295	Contono Cornoration	00000	13-4262384				 AcariaHealth Pharmacy, Inc	CA	NIA	AcariaHealth. Inc	Ownorabin	100.0	Centene Corporation		
01293	Centene Corporation		13-4202304	-			Acarranearth Pharmacy, Thc 		N I A	Acarranearth, inc	Ownership	100.0	Centene		
01295	Centene Corporation	00000	27 - 3707698				HomeScripts.com, LLC	MI	NIA	AcariaHealth, Inc	Ownership	100.0	Corporation		0
04005		00000	00 0005005					AD.		l		400.0	Centene		
01295	Centene Corporation	00000	20-8235695				New York Rx, IncU.S. Medical Management	NY	NIA	AcariaHealth, Inc	Ownership	100.0	Corporation Centene		0
01295	Centene Corporation	00000	27 - 0275614				Holdings, Inc	DE	NI A	Centene Corporation	Ownership	100.0			0
	, '						,	_		U.S. Medical Management	'		Centene		
01295	Centene Corporation	00000	38 - 3153946				U.S. Medical Management, LLC	DE	NIA	Holdings, Inc	Ownership	20.0	Corporation		0
01295	Centene Corporation	00000	38-3153946				U.S. Medical Management, LLC	DE	NIA	Centene Corporation	Ownership.	48.0	Centene Corporation		ا ۱
	Joseph at Ton									'	'		Centene		
01295	Centene Corporation	00000	31-1733889				RMED, LLC	FL	NIA	U.S. Medical Management, LLC	Ownership	100.0	Corporation	[0

		1 2 1		-	0			1 0	10	T 44	40	1 40	144	1 45 1	40
1	2	3	4	5	6	Name of Securities	8	9	10	11	Type of Control (Ownership,	13	14	15	16
		NAIC				Exchange if Publicly	Names of		Relationship to		Board, Management,	If Control is Ownership		Is an SCA Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary	Reporting	Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)		Entity(ies)/Person(s)	(Y/N)	*
01295	Centene Corporation	00000	47 - 2138680				TAH of Florida. LLC	FL	NIA	RMED, LLC	Ownership	100.0	Centene Corporation		١
01233	l deriterie corporation		47 -2 130000	-			TAIT OF FTOFTUA, ELG			INNED, ELG	Owner 3111P	100.0	Centene		
01295	Centene Corporation	00000	51-0581762				Heritage Home Hospice, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0			0
01295	Centene Corporation	. 00000	20-2827613				Grace Hospice of Austin, LLC	MI	NIA	U.S. Medical Management, LLC	Ownerchin	100.0	Centene Corporation		0
01233	l deriterie corporation	i i					l orace hospice of Austin, ELC		NIA	0.5. medicai management, ELG	Owner 3111p		Centene		
01295	Centene Corporation	00000	20-1530070				ComfortBrook Hospice, LLC	OH	NIA	U.S. Medical Management, LLC.	Ownership	100.0			0
01295	Centene Corporation	00000	20-4996551				Comfort Hospice of Texas, LLC	MI	NIA	U.S. Medical Management, LLC.	Ownershin	100.0	Centene Corporation		0
01200	·						Grace Hospice of San Antonio,				,		Centene		
01295	Centene Corporation	. 00000	20 - 2827526				LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0			0
01295	Centene Corporation	00000	45-0679248				Grace Hospice of Grand Rapids,	MI	NIA	U.S. Medical Management, LLC	Ownershin	100.0	Centene Corporation		0
	·	i i									, i		Centene		
01295	Centene Corporation	00000	45-0634905				Grace Hospice of Indiana, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0			0
01295	Centene Corporation	00000	45-5080637				Grace Hospice of Virginia, LLC	MI	NIA	U.S. Medical Management, LLC.	Ownershin	100.0	Centene Corporation		0
	·						Comfort Hospice of Missouri,				,		Centene		
01295	Centene Corporation	. 00000	45-5080567				LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0			0
01295	Centene Corporation	00000	45-5080675				Grace Hospice of Colorado, LLC	MI	NIA	U.S. Medical Management, LLC	Ownershin	100.0	Centene Corporation		0
	'	i i					<u> </u>				, i		Centene		
01295	Centene Corporation	00000	46 - 1708834				Grace Hospice of Wisconsin, LLC.	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0			0
01295	Centene Corporation	00000	26-4435532				Seniorcorps Pensinsula, LLC	VA	NIA	U.S. Medical Management, LLC.	Ownership	100.0	Centene Corporation		0
	·	i i									, i		Centene		
01295	Centene Corporation	. 00000	33-1179031				R&C Healthcare, LLC	TX	NIA	U.S. Medical Management, LLC	Ownership	100.0	Corporation Centene		0
01295	Centene Corporation	00000	20-0927034				A N J. LLC	ТХ	NIA	U.S. Medical Management, LLC	Ownership	100.0			0
	·						Pinnacle Senior Care of						Centene		
01295	Centene Corporation	. 00000	46 - 086 1469				Missouri, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Corporation Centene		0
01295	Centene Corporation	00000	03-0556422				Country Style Health Care, LLC	TX	NIA	U.S. Medical Management, LLC.	Ownership	100.0			0
	<u> </u>	l								l			Centene	i i	_
01295	Centene Corporation	. 00000	14-1878333				Phoenix Home Health Care, LLC Traditional Home Health	DE	NIA	U.S. Medical Management, LLC	Ownership	100.0	Corporation Centene		0
01295	Centene Corporation	00000	75-2635025				Services, LLC	TX	NIA	U.S. Medical Management, LLC.	Ownership	100.0			0
0.4005		00000	00 0754400									400.0	Centene		
01295	Centene Corporation	. 00000	38-2751108				Family Nurse Care, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Corporation Centene		
01295	Centene Corporation	00000	20-5108540				Family Nurse Care II, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0		[
04005	·						Family Name On a of Ohi 110		NII A			400.0	Centene		
01295	Centene Corporation	00000	20-3920947				Family Nurse Care of Ohio, LLC Pinnacle Senior Care of	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Corporation Centene		0
01295	Centene Corporation	00000	46-4229858				Wisconsin, LLC	WI	NIA	U.S. Medical Management, LLC.	Ownership	100.0		[0
04005	0		70 0740540				Bissas Is Harry Ossas III O	TV	NII A			400.0	Centene		_
01295	Centene Corporation	00000	76-0713516				Pinnacle Home Care, LLC	TX	NIA	U.S. Medical Management, LLC.	uwnership	100.0	Corporation		0

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						Name of					Type of Control				
						Securities Exchange if			Relationship		(Ownership, Board.	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary		Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Y/N)	*
01295	Centene Corporation	00000	59-3519060				North Florida Health Services,	FI	NIA	U.S. Medical Management, LLC	Ownerchin	100.0	Centene Corporation		0
01295	Cerreile Corporation	00000	39-3319000				Pinnacle Sr. Care of Kalamazoo.	ΙΓ⊾	NIA	0.5. Medicai Management, LLC	Ownersiiip	100.0	Centene		
01295	Centene Corporation	00000	47 - 1742728				LLC.	M I	NIA	U.S. Medical Management, LLC	Ownership	100.0	Corporation		0
	'										· ·		Centene		
01295	Centene Corporation	00000	46 - 1734288				Hospice DME Company, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Corporation		0
01295	Centene Corporation.	00000	20-4364776				Rapid Respiratory Services, LLC	DE	NIA	U.S. Medical Management, LLC	Ownerchin	100.0	Centene Corporation		0
01295	Cerreile Corporation	00000	20-4304//0				USMM Accountable Care Network,	DE	NIA	0.5. Medicai Management, LLC	Ownersiiip	100.0	Centene		
01295	Centene Corporation	00000	46-5730959				LLC.	DE	NIA	U.S. Medical Management, LLC	Ownership	100.0	Corporation		0
	,						USMM Accountable Care Partners,				,		Centene		
01295	Centene Corporation	00000	46 - 5735993				LLC	DE	NIA	U.S. Medical Management, LLC	Ownership	100.0	Corporation		0
01295	Centene Corporation	00000	46-5745748				USMM Accountable Care Solutions, LLC	DE	NIA.	U.S. Medical Management, LLC	Ownerchin	100.0	Centene Corporation		0
01295	Cerreile Corporation	00000	40-3/43/40				. 3010(10118, LLC	DE	NIA	0.5. Medicai Management, LLG	Ownersiiip	100.0	Centene		
01295	Centene Corporation	00000	45-4165480				USMM ACO, LLC.	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Corporation		0
	'						,				'		Centene		
01295	Centene Corporation	00000	45-4157180				USMM ACO Florida, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Corporation		0
01295	Centene Corporation	00000	45-4154905				USMM ACO North Texas. LLC	MI	NIA	U.S. Medical Management, LLC	Ownerchin	100.0	Centene Corporation		0
01295	Cerreile Corporation	00000	45-4154905				MHS Consulting, International,	JVI I	NTA	0.3. Medicai Management, LLC	Ownersiiip	100.0	Centene		u
01295	Centene Corporation	00000	20-8630006				Inc.	DE	NIA	Centene Corporation.	Ownership.	100.0	Corporation		0
	, '									MHS Consulting,			Centene		
01295	Centene Corporation	00000					PRIMEROSALUD, S.L	ESP	NIA	International, Inc.	Ownership	100.0	Corporation Centene		0
01295	Centene Corporation	00000					The Practice PIc	GBR	NIA	MHS Consulting, International, Inc.	Ownership	100.0	Corporation		٥
01200	Contone Corporation	00000					1110 1 1 40 (100 1 10			THEOTHER FORET, THO	0#11013111P	100.0	001 por at 1011		
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Asterisk	Explanat	ion

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SCHEDULE Y

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						Income/						
					Purchases, Sales or	(Disbursements)						Reinsurance
					Exchanges of	Incurred in						Recoverable/
					Loans, Securities,	Connection with		Income/		Any Other Material		(Payable) on
					Real	Guarantees or		(Disbursements)		Activity Not in the		Losses and/or
NAIC					Estate, Mortgage	Undertakings for the	Management	Incurred Under		Ordinary Course of		Reserve
Company	ID		Shareholder	Capital	Loans or Other	Benefit of any	Agreements and	Reinsurance		the Insurer's		Credit
Code	Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Dividends	Contributions	Investments	Affiliate(s)	Service Contracts	Agreements	*	Business	Totals	Taken/(Liability)
		Centene Corporation	121,000,000	(254,725,260)			147 , 663 , 130				13,937,870	
71013	39-0993433	Bankers Reser Life Ins. Co. of Wisconsin					(565,730,054)	(26, 232, 860)			(591,962,914)	(46,870,745)
00000	46-2860967	Health Plan Real Estate Holding, Inc							ļ		0	
12315	20-3174593	Peach State Health Plan, Inc	(14,000,000)				(332,412,894)	5,113,294	ļ		(341,299,600)	8 , 550 , 235
	46-4829006	lowa Total Care, Inc.							<u> </u>		0	
11834	32-0045282	Buckeye Community Health Plan, Inc.		10,000,000			(674,945,431)	(1,480,134)			(666, 425, 565)	6,650,832
12959	20-5693998	Absolute Total Care, Inc.		8,700,000			(161,095,516)	1,304,893	ļ		(151,090,623)	1,606,006
00000	59-3807546	Physicians Choice, LLC							ļ		0	
00000	65-1206841	PhyTrust of South Carolina LLC							1		0	
	39-1821211	Coordinated Care Corporation		18,000,000			(437, 478, 139)		<u> </u>		(419,478,139)	
00000	46 - 5523218	Healthy Washington Holdings, Inc							l		` 0	
15352	46-2578279	Coordinated Care of Washington, Inc.		20.500.000	İ		(265, 256, 678)		l		(244,756,678)	
96822	39 - 1678579	Managed Health Services Insurance Corp.	(4,000,000)				(54,308,673)	(759, 278)			(59, 067, 951)	382.976
60078	86-0819817	Hallmark Life Insurance Co					(1,489,132)				(1,489,132)	
95647	74-2770542	Superior HealthPlan, Inc.					(1,110,587,188)		1		(1,110,587,188)	
		Healthy Louisiana Holdings, LLC					(· , · · · · , · · · · , · · · ·)		1		0	
13970	27 - 1287287	Louisiana Healthcare Connections, Inc.		23,500,000			(657, 288, 736)	4,158,444	1		(629,630,292)	1,573,432
	20-8570212	Magnolia Health Plan Inc.		73,852,000			(547,370,674)	1,901,531			(471,617,143)	2,304,156
14053	27 - 2186150	IlliniCare Health Plan, Inc.		10,500,000			(466,726,456)	7,289,521			(448,936,935)	4,820,031
		Sunshine Health Holding LLC.					(100,720,100)	, ,200 ,021			0	
13148	20-8937577	Sunshine State Health Plan, Inc.					(898,532,354)	(3,545,985)	1		(902,078,339)	8.547.684
00000	56-2384404	Access Health Solutions LLC.					(000,002,001)	(0,010,000)			0	
00000	27 - 0242132	Sunshine Consulting Services, Inc.							1		0	
		Kentucky Spirit Health Plan, Inc.	(75,000,000)				2,535		1		(74,997,465)	
00000	45-5070230	Healthy Missouri Holding, Inc	(70,000,000)						1		0	
14218	45-2798041	Home State Health Plan. Inc.		22,000,000			(65, 378, 897)	4,563,443	1		(38,815,454)	4,303,392
14345	45-3276702	Sunflower State Health Plan, Inc.	(13.000.000)	22,000,000			(368, 266, 297)	2.106.115		1	(379, 160, 182)	4,536,176
14226	45-4792498	Granite State Health Plan, Inc.	(10,000,000)	14,000,000			(152,143,023)	940,736		†	(373,100,102)	1.474.514
15447	46-4195563	Bridgeway Advantage Solutions, Inc.				1	(102,140,023)			†	(137,202,207)	1,414,514
00000	46-0907261	California Health and Wellness Plan				†	(232,676,544)	3,200,608	t	†	(229,475,936)	1.272.031
10769	30-0312489	Fidelis SecureCare of Michigan, Inc		2.000.000		†	(5,694,269)			†	(3,694,269)	
	20-4761189	Silver Summit Health Plan, Inc			l	†	(0,034,209)		t	†	(3,094,209)	
		Agate Resources, Inc		003,200	l	·····	34,315,376		t	†	34,315,376	
00000	93-1198219	Independent Professional Services, LLC					34,310,370		t	†····	34,310,370	
12559		Trillium Community Health Plan, Inc		19,300,000			(37 , 196 , 323)		t	·	(17,058,459)	849.280
00000	26-4475075	Agate Properties, LLC		19,300,000			(31,180,323)	031 ,004	·	·	(17,000,409)	049,200
	93-1198376	Independent Professional Services, LLC				·····	(240,000)		t	·	(240,000)	
15902	47 - 5123293	Nebraska Total Care. Inc.		1.500.000		 	(205)		 	·	1 . 499 . 795	
16041	47 - 5123293	Pennsylvania Health & Wellness, Inc		1,500,000		 	(205)		ł	· 	1,499,795	
10041	47 - 53406 13	Cupariar HaalthDlan Community Calutions		8,570,000					ł	· 	8,570,000	
15912 15927	47-5667095	Superior HealthPlan Community Solutions		00, 000, 000			1 DEE 574		ł	·	8,570,000	
1092/		Sunshine Health Community Solutions		20,000,000			1,055,574		ł	+		
00000	39-1864073	Centene Management Company LLC			ļ	4	1,689,800,287		ļ		1,689,800,287	

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'	2	3	4	5	0	Income/	8	9	10	11	12	
					Purchases, Sales or							Reinsurance
					Exchanges of	Incurred in						Recoverable/
					Loans, Securities,	Connection with		Income/		Any Other Material		(Payable) on
					Real	Guarantees or		(Disbursements)		Activity Not in the		Losses and/or
NAIC					Estate, Mortgage	Undertakings for the	Management	Incurred Under		Ordinary Course of		Reserve
Company	ID		Shareholder	Capital	Loans or Other	Benefit of any	Agreements and	Reinsurance		the Insurer's		Credit
Code	Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Dividends	Contributions	Investments	Affiliate(s)	Service Contracts	Agreements	*	Business	Totals	Taken/(Liability)
00000	20-0057283	CMC Real Estate Co. LLC.							ļ		0	
00000	26-4094682	Centene Center LLC							ļ		0	
00000	47 - 5156015	Centene Center II, LLC.							ļ		0	
00000	46 - 4234827	CMC Hanley, LLC							ļ		0	
00000	47 - 2914561	Forhan, LLC							ł		0	
00000	37-1766939	Hanley-Forsyth, LLC		ł	+				····	·	0	
00000	45-5431787 45-4372065	GPT Acquisition LLC. Clayton Property Investment LLC.	·	ł	+				 	+	 0	
00000	46-2794037	LSM Holdco, Inc	l	†	+				 	+		
00000	46-2798132	Lifeshare Management Group, LLC.	·	†	+		1,942,176		†	+	1,942,176	
00000	40-21 30 132	Chopin Merger Sub I, Inc.		†	+				†	†····	1,342,170 N	
00000	47 - 5208076	Chopin Merger Sub II, Inc.							†	·	 0	
00000	20-2074217	CCTX Holdings, LLC							1	·	 0	
00000	74-2810404	Centene Company of Texas, LP					486.809.327		1		486.809.327	
00000	20-2074277	Centene Holdings IIC		İ					1		0	
00000	74-2810404	Centene Company of Texas, LP		İ					1		0	
00000	43-1795436	MHS Travel & Charter, Inc.							1		0	
00000	47 - 2516714	LiveHealthier, Inc.							1		0	
00000		Envolve. Inc.					7.804.708		I		7.804.708	
00000	47 - 3454898	Envolve - New York, Inc.							<u> </u>		0	
00000	46-4855483	Health Care Enterprises, LLC							ļ		0	
	22-3889471	Envolve Holdings Inc					1,007,973		ļ		1,007,973	
00000	42-1565805	Cenphiny Mgmt , LLC.		ļ							0	
00000	42-1565807	NurseWise Holdings LLC							ļ		0	
00000	52-2379566	NurseWise LP.							ļ		0	
00000	20-4730372	Nurse Response, Inc.		ļ					ļ	ļ	0	
00000	20-4980875	Bridgeway Health Solutions, LLC.		ļ	ļ		/00		ļ	ļ	0	
00000	20-4980818	Bridgeway Health Solutions of Arizona.		ļ			(33,505,840)		ļ		(33,505,840)	
00000	06-1476380	Envolve PeopleCare, Inc.	ļ	ļ			95,974,184		ļ		95,974,184	
00000	06-1404277	Family Care & Workforce Diversity	ļ	 	+				ļ	·	0	
00000	16-1686991	Wellness By Choice, LLC.		ļ	-		070 700 000		ļ	·	0	
00000	68-0461584	Cenpatico Behavioral Health, LLC.		 	+		976 , 723 , 288		 	· 	976 , 723 , 288	
12525	74-3018565 86-0782736	Cenpatico Behavioral Health of Texas		 	+				ł	· 	0	
00000	47 - 2595704	CBHSP Arizona, Inc Cenpatico of California, Inc		ł	+				····	·	0	
00000	74-2892993	Integrated Mental Health Mgmt, LLC		·····	+				ł	·		
00000	74-2092993	Integrated Mental Health MgMt, LLC			+		197,713,737		····	· 	197 . 713 . 737	
00000	20 - 1624120	Cenpatico Behavioral Health of Arizona	·	†	†		וטוו, ושווט,וטו		t	†		
14704	80-0879942	Cenpatico of Arizona Inc.	·	†	†		(92,298,082)	601.809	†	†	(91,696,273)	
00000	27 -5349029	Cenpatico of Florida, Inc.		†	1					†	0 (31,030,15)	
00000	20-4730341	Envolve Benefit Options, Inc.		1	1				1	1	 0	
00000		Envolve Captive Insurance Company, Inc.		1	1		1,761,333		1		1.761.333	• • • • • • • • • • • • • • • • • • • •

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1	2	3	4	5	6	7	8	9	10	11	12	
					D	Income/						Dainassaaa
					Purchases, Sales or Exchanges of	(Disbursements) Incurred in						Reinsurance Recoverable/
					Loans, Securities,	Connection with		Income/		Any Other Material		(Payable) on
					Real	Guarantees or		(Disbursements)		Activity Not in the		Losses and/or
NAIC					Estate, Mortgage	Undertakings for the	Management	Incurred Under		Ordinary Course of		Reserve
Company	l ID		Shareholder	Capital	Loans or Other	Benefit of any	Agreements and	Reinsurance		the Insurer's		Credit
Code	Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Dividends	Contributions	Investments	Affiliate(s)	Service Contracts	Agreements	*	Business	Totals	Taken/(Liability)
95302	75-2592153	Envolve Vision of Texas, Inc.				` ` `	63,205,454	- U	İ		63,205,454	
00000	20-4773088	Envolve Vision Inc					112 . 469 . 197		l		112,469,197	
00000	. 65-0094759	Envolve Vision of Florida, Inc					15,592,091		<u> </u>		15,592,091	
00000	. 20-4861241	Envolve Total Vision, Inc.					1,231,377		ļ	<u> </u>	1,231,377	
00000	. 06-1635519	Envolve Vision of New York, Inc.							ļ		0	
00000	46-2783884	Envolve Dental, Inc.					234 , 687 , 374		ļ		234 , 687 , 374	
15357	45-2303998	Cenpatico of Louisiana, Inc.			ļ				ļ		0	
00000	36-2979209	Celtic Group, Inc							ļ		0	
80799	06-0641618	Celtic Insurance Company.		(9,700,000)			(303,218,688)		ļ		(312,918,688)	
15762	35-2525384	Ambetter of Magnolia Inc		5 , 100 , 000			(46,045,835)		ļ		(40,945,835)	
15729	. 36-4802632	Ambetter of Peach State Inc.		4,600,000			(75,050,322)		ļ		(70,450,322)	
00000	. 27 - 2221367	Novasys Health, Inc.					820,848		ļ		820,848	
00000	. 26-4278205	CeltiCare Health Plan Holdings LLC	/45 000 000)				(00, 000, 070)		ļ		0	
13632		CeltiCare Health Plan of Ma	(15,000,000)				(80,399,979)				(95,399,979)	
00000	77 - 0578529	Envolve Pharmacy Solutions, Inc	ļ		 		3,585,235,629		 	ł	3,585,235,629	
00000	76-0511700								 		0	
00000	. 75-2612875 . 46-2307356	RX Direct, IncUS Script IPA, LLC							 	 	0	
00000	90-0636938	Casenet LLC.							 	····		
00000	. 90-0030930	Casenet S.R.O.							 		0	
00000	61 - 1450727	Centurion Group, Inc.			·····				·····	·····	0	
00000	90-0766502	Centurion LLC.			·				·····	· · · · · · · · · · · · · · · · · · ·	0	
00000	47 - 1577742	Centurion of Virginia, LLC.							†		0	
00000	47 - 1686283	Centurion of Vermont, LLC							····		0	
00000	47 - 1229365	Centurion of Pennsylvania, LLC.			·				1		0	
00000	47 - 2967381	Centurion of Mississippi, LLC.							1		0	
00000	30-0752651	Centurion of Tennessee, LLC							1		0	
00000	61-1696004	MA Partnership for Correctional Health.							1		0	
00000	46-3590120	Centurion of Idaho. LLC							l		0	
00000	46-1041008	Centurion of Michigan, LLC							1		0	
00000	46-2717814	Centurion of Minnesota, LLC							I		0	
00000		Centurion Correctional Healthcare of NM									0	
00000		Centurion of Florida, LLC.							ļ		0	
00000	. 27 - 3617766	Specialty Therapeutic Care Holdings, LLC			ļ				ļ		0	
00000	. 73-1698808	Specialty Therapeutic Care, LP			ļ				ļ		0	
00000	73-1698807	Specialty Therapeutic Care, GP, LLC			ļ				ļ		0	
00000	73-1698808	Specialty Therapeutic Care, LP			ļ				ļ		0	
00000	. 26-2624521	Specialty Therapeutic Care West, LLC	ļ		ļ				ļ	ļ	0	
00000	. 80-0856383	AcariaHealth Solutions, Inc.			ļ				ļ	ļ	0	
00000		AcariaHealth, Inc			ļ				ł	ļ	0	
00000	. 27 - 1599047	AcariaHealth Pharmacy #14, Inc	1		1	1	l		L	1	0	

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						Income/						
					Purchases, Sales or							Reinsurance
					Exchanges of	Incurred in						Recoverable/
					Loans, Securities,	Connection with		Income/		Any Other Material		(Payable) on
					Real	Guarantees or		(Disbursements)		Activity Not in the		Losses and/or
NAIC			Observation to the con-	0 11 - 1	Estate, Mortgage	Undertakings for the		Incurred Under		Ordinary Course of		Reserve
Company	ID	Names of Incomes and Daniel Collegidical or Affiliates	Shareholder	Capital	Loans or Other	Benefit of any	Agreements and	Reinsurance	١.	the Insurer's	Tatala	Credit
Code	Number 20-8192615	Names of Insurers and Parent, Subsidiaries or Affiliates Acar i a Heal th Pharmacy #11, Inc	Dividends	Contributions	Investments	Affiliate(s)	Service Contracts	Agreements		Business	Totals	Taken/(Liability)
00000	20-0192013	ACATTAMEATUT PHATMACY #11, THC			 						 0	
00000	27 - 2765424 26 - 0226900	AcariaHealth Pharmacy #12, Inc			 						U	
00000	13-4262384	AcariaHealth Pharmacy, Inc.									 0	
00000	27 - 3707698	HomeScripts.com, LLC.							·····		 0	
00000	20-8235695	New York Rx, Inc.									0 0	
00000	27 -0275614	U.S. Medical Management Holdings, Inc			†				†	·····	 0	
00000	38-3153946	U.S. Medical Management, LLC			†	·····			t	 	 n	
00000	38-3153946	U.S. Medical Management, LLC			†		10,775,424		ļ	<u> </u>	10,775,424	
00000	31-1733889	RMED, LLC			-		10,773,424				0,773,424	
00000	47-2138680	TAM of Florida, LLC.			†						 N	
00000	51-0581762	Heritage Home Hospice, LLC.									 N	
00000	20-2827613	Grace Hospice of Austin, LLC									 N	
00000	20 - 1530070	ComfortBrook Hospice, LLC.			†						0	
00000	20-4996551	Comfort Hospice of Texas, LLC.									0	
00000	20-2827526	Grace Hospice of San Antonio, LLC									0	
00000	45-0679248	Grace Hospice of Grand Rapids, LLC			†						 0	
00000	45-0634905	Grace Hospice of Indiana, LLC									0	
00000	45-5080637	Grace Hospice of Virginia IIC							1		0	
00000	45 - 5080567	Grace Hospice of Virginia, LLC							· · · · · · · · · · · · · · · · · · ·		0	
00000	45-5080675	Grace Hospice of Colorado, LLC.									0	
00000	46 - 1708834	Grace Hospice of Wisconsin, LLC									0	
00000	26-4435532	Seniorcorps Pensinsula, LLC									0	
00000	33-1179031	R&C Healthcare, LLC									0	
00000	20-0927034	A N J. LLC									0	
00000	46-0861469	Pinnacle Senior Care of Missouri, LLC							l	<u> </u>	0	
00000	03-0556422	Country Style Health Care, LLC.							ļ		0	
00000	14-1878333	Country Style Health Care, LLCPhoenix Home Health Care, LLC							ļ		0	
00000	75-2635025	Traditional Home Health Services, LLC.							ļ		0	
00000	38-2751108	Family Nurse Care. LLC			<u> </u>				ļ		0	
00000	20-5108540	Family Nurse Care II, LLC			ļ						0	
00000	20-3920947	Family Nurse Care of Ohio, LLC			ļ				ļ		0	
00000	46-4229858	Pinnacle Senior Care of Wisconsin, LLC.							ļ		0	
00000	76-0713516	Pinnacle Home Care, LLC			ļ				ļ		0	
00000	59-3519060	North Florida Health Services, Inc			ļ				ļ		0	
00000	47 - 1742728	Pinnacle Sr. Care of Kalamazoo, LLC			ļ				ļ		0	
00000	46 - 1734288	Hospice DME Company, LLC			ļ				ļ		0	
00000	20-4364776	Rapid Respiratory Services, LLC			ļ				ļ		0	
00000	46-5730959	USMM Accountable Care Network, LLC			ļ				ļ	ļ	0	
00000		USMM Accountable Care Partners, LLC			ļ	ļ			ļ	ļ	0	
00000	46 - 5745748	USMM Accountable Care Solutions, LLC			ļ				ļ		0	
00000	45-4165480	USMM ACO, LLC.			1	I	l		I	I	0	l

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1	2	3	4	5	6	7 Income/	8	9	10	11	12	
					Purchases, Sales or							Reinsurance
					Exchanges of	Incurred in						Recoverable/
					Loans, Securities,	Connection with		Income/		Any Other Material		(Payable) on
					Real	Guarantees or		(Disbursements)		Activity Not in the		Losses and/or
NAIC					Estate, Mortgage	Undertakings for the		Incurred Under		Ordinary Course of		Reserve
Company	ID		Shareholder	Capital	Loans or Other	Benefit of any	Agreements and	Reinsurance		the Insurer's		Credit
Code	Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Dividends	Contributions	Investments	Affiliate(s)	Service Contracts	Agreements	*	Business	Totals	Taken/(Liability)
00000	45-4157180	USMM ACO Florida, LLC.							ļ	ļ	0	
00000	45-4154905	USMM ACO North Texas, LLC									0	
00000	20-8630006	MHS Consulting, International, Inc. PRIMEROSALUD, S.L.							ļ			
00000									l		0	
00000	86-0520686	The Practice Plc					^	n		 	0	Λ
00000	68-0357852	Foundation Health Warehouse Company			l		† ^U	J	·····	 	0	
00000	68-0390438	Foundation Health Facilities, Inc.	+		†				·····	 	0	
00000	68-0214809	Health Net Federal Services, Inc.			İ		(93, 375, 764)		·····	†	(93,375,764)	
00000		Health Net Federal Services of Hawaii			1		(50,570,704)		·····	<u> </u>	0 , 0 , 0 , 0 , 0 , 0 , 0 , 0 , 0	
00000		Health Net Federal Services of Hawaii									0	
00000	33-0466850	Memorial Hospital of Gardena. Inc.									0	
00000	95-3275451	East Los Angeles Doctors Hospital, Inc.									0	
00000	54-2153100	Health Net One Payment Services Inc									0	
00000	26-1406369	Health Net Managing Partners, LLC.									0	
00000	26 - 1395366	Health Net Funding, INC									0	
00000	26-1395366	Health Net Investments, LLC							ļ		0	
00000	26 - 1395236	Health Net Financing, L.P							ļ		0	
00000		Health Net Receivables Trust							ļ		0	
00000	87 -0445881	Gem Holding Corporation							ļ	ļ	0	
81698	87 - 0451573	Gem Insurance Company									0	
00000	98-0150604 68-0390434	FH Assurance Company.			ł				ļ	 	0	
00000	86-0836312	FH Surgery Limited, Inc.								 	0	
00000 95206	36-3097810	FH - Arizona Surgery Centers, Inc Health Net of Arizona, Inc		46,000,000			(28,000,687)				0	
00000	86-0660443	Intercare, Inc		40,000,000			(3,053)				(3,053)	
00000	46-2616037	Health Net Access. Inc.		15.000.000	†		(30.760.680)			<u> </u>	(3,033)	
00000	81-1348826	HN Community Solutions of Arizona		1,550,001			(30,700,000)			† · · · · · · · · · · · · · · · · · · ·	1,550,001	
95266	65-0453436	FH, A Florida Health Plan								<u> </u>		
00000	95-4402957	Health Net of California, Inc.		136,000,000			150 , 147 , 409				286 . 147 . 409	
00000	95-4288333	Health Net, Inc.	351,000,000	(539,550,001)			506,736,509	0			318,186,508	0
00000	54-2174068	Health Net Community Solutions, Inc.	(350,000,000)				(426, 367, 047)				(776,367,047)	
00000	54-2174069	Health Net of California Real Estate	(,,,								0	
00000 95775	84-1175468	QualMed. Inc.							ļ		0	
95775	84-0975985	QualMed Plans for Health of Colorado							ļ		0	
66141	73-0654885	Health Net Life Insurance Company		145,000,000	ļ		(112, 127, 912)		ļ	ļ	32,872,088	
00000	198-0409907	lHealth Net Life Reinsurance Company	ļ	134,000,000			(24,111)		ļ	ļļ.	133,975,889	
95800	93-1004034	Health Net Health Plan of Oregon, Inc.	ļ	62,000,000			(33,222,142)		ļ	ļļ.	28,777,858	
95968	06-1084283	Health Net of Connecticut, Inc.	-		ļ				ļ	ļļ.	0	
00000		Health Net Insurance Services, Inc			ļ				ļ	ļļ.	0	
00000	98-0153069	Health Net Services (Bermuda) Ltd			ł				ļ	 	0	
43893	13-3584296	Health Net Insurance of New York, Inc.			1				L	L	0	

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					Purchases, Sales or							Reinsurance
					Exchanges of	Incurred in				l		Recoverable/
					Loans, Securities,	Connection with		Income/		Any Other Material		(Payable) on
					Real	Guarantees or		(Disbursements)		Activity Not in the		Losses and/or
NAIC				0 " 1		Undertakings for the		Incurred Under		Ordinary Course of		Reserve
Company	ID	No serve of Leading and December Of the Mile Serve of Affiliation	Shareholder	Capital	Loans or Other	Benefit of any	Agreements and	Reinsurance		the Insurer's	T. (.)	Credit
Code	Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Dividends	Contributions	Investments	Affiliate(s)	Service Contracts	Agreements		Business	Totals	Taken/(Liability)
95305		Health Net of New York, Inc.									0	
95351	22-3241303	Health Net of New Jersey, Inc									0	
00000	06-1116976	Health Net of the Northeast, Inc.									0	
00000	22-3314813	First Option Health Plans, Inc									0	
00000	23 - 2632680	Greater Atlantic Health Services, Inc.							ļ	ļ	0	
95079	23-2348627	Health Net of Pennsylvania, Inc.			-				ļ	·····	0	
00000	23 - 2665783	Greater Atlantic Preferred Plus, Inc.			-				ļ	ļļ-		
00000	23-2697017	Employ Better Care, Inc.			·				ļ	 	0	
00000 95010	23 - 2867299 23 - 2867300	HSI Advantage Health Holdings, Inc			-				ļ	 	0	
95687	23-2807300	QualMed Plans for Health of OH & WV									0	
00000	25 - 1803681 25 - 1516632	Qualmed Plans for Health Of the WV									0	
	20-1010032	Pennsylvania Health Care Plan, Inc					2 000				0	
00000	95-4117722 95-4146179	Managed Health Network, Inc					3,622			······································	3,622	
00000			(1.000.000)		-		17,793,565 16.923.806			 	17,793,565 15.923.806	
	95-3817988	Managed Health Network	(1,000,000)		-					 	15,923,800	
00000	13-4027559	MHN Šervices IPA, Inc					(2,527)				(2,527)	
00000	51-0490598 51-0589404	MUNICIPAL Carriage Las									0	
00000	42-1680916	MHN Global Services, Inc					(44 507 204)					
00000	04-3237484	IMAN DOVERNMENT SERVICES, INC.					(11,597,384)				(11,597,384)	
00000	39-1528989	HMC PPO Inc									0	
00000	94-2197624	Health Net Dental, Inc.							·		0	
00000	77 -0067022	Health Net Vision, Inc.							·		 0	
00000	68-0295375	Health Net Pharmaceutical Services					32,768,394			·····	32.768.394	
00000	95-4770499	Health Net Benchmark	····		†		52,700,394		·	 	52,700,394	
00000	33-0854987	Health Net Employer Services, Inc.								·····	 0	
00000	68-0165539	EOS Claims Services. Inc.									0	
00000	94-3037822	Health Net Services, Inc.								<u> </u>	 n	
00000	68-0303353	Health Net Plus Managed Care Service.							·····	<u> </u>	 N	
00000	22-2646452	American Vitalcare, Inc.							l	<u> </u>	0	
00000		Managed Alternative Care, Inc.							l		0	
00000		Health Net Medical Resource Management							·	<u> </u>	0	
00000	68-0390435	FH Surgery Centers, Inc.								<u> </u>	 n	
00000	61-1388903	Health Net Preferred Providers, Inc.								<u> </u>	0	
00000		HSI Eastern Holdings, Inc.									 0	
00000	84-1301249	National Pharmacy Services, Inc.									0	
00000	88-0357895	Network Providers, LLC.						•	l		0	
00000		QualMed Plans for Health of PA.									0	
00000	90-0889803	MHN Government Services - Guam					1,182,765				1.182.765	
00000	90-0889815	MHN Government Services - Puerto Rico.					159,679				159,679	•
00000	90-0889833	MHN Government Services - UK.					2.290.513		1		2.290.513	•
00000							4		· · · · · · · · · · · · · · · · · · ·			

SCHEDULE Y

NAIC Company	2 ID	Names of Laguery and Darect Subsidiaries or Afflictes	4 Shareholder	5 Capital	Loans or Other	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance	10	Any Other Material Activity Not in the Ordinary Course of the Insurer's	12	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit
Code 00000	Number 80 - 0852019	Names of Insurers and Parent, Subsidiaries or Affiliates MHN Government Services - Italy, Inc	Dividends	Contributions	Investments	Affiliate(s)	Service Contracts 1,218,199	Agreements	<u> </u>	Business	Totals 1,218,199	Taken/(Liability)
00000 00000 00000	90-0889816	MHN Government Services - Dijbouti, Inc. MHN Government Services - International MHN Government Services - Germany, Inc. MHN Government Services - Japan, Inc.					279 615				279 615	
00000	90 - 0889816 90 - 0889825	MHN Government Services - International					279,615 1,834,464				1.834.464	
00000	80-0852008	MHN Government Services - Germany, Inc.					2.870.602				2.870.602	
00000	46 - 1038058	MHN Government Services - Japan, Inc.					17,372				17,372	
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1 9999999	Control Totals		0	0	1 0	0	0	1	XXX	0	1 1	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

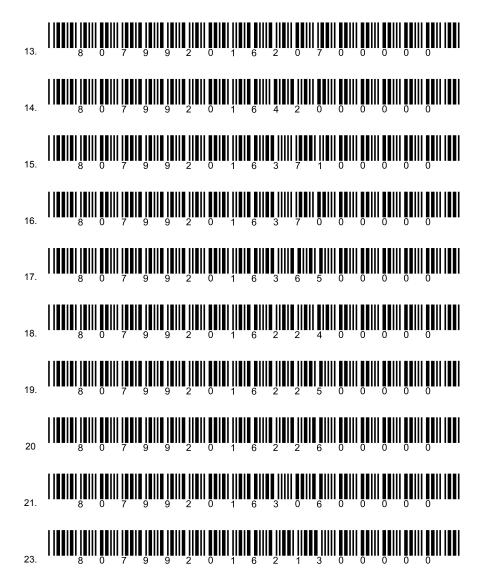
The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

	3 3 4	
	MARCH FILING	Responses
1.		YES.
2.		YES
3.		YES.
4.		YES
_	APRIL FILING	YES
5.		
6.		YES
7.		YES
٥	JUNE FILING	YES
8.		YES
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? AUGUST FILING	I LU
10.	Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and	YES
which t	llowing supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar cod opplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following ons.	le will be printed below. If
	MARCH FILING	
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	YES
13.	Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	NO
14.	Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	N0
16.	·	N0
17.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
18.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	N0
19.		N0
20.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?	N0
0.4	APRIL FILING	NO
21.		N0
22.	··	YES
23.		N0
24.		YES
25.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	YES
	AUGUST FILING	
26.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
Explar	nation:	
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		

23.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

Bar code:



OVERFLOW PAGE FOR WRITE-INS

M003 Additional Aggregate Lines for Page 03 Line 23. *LIAB - Liabilities

	1	2	3	4
	Covered	Uncovered	Total	Total
2304. State income tax payable.	150,606	0	150,606	488,946
2305.		<u> </u>		
2397. Summary of remaining write-ins for Line 23 from Page 03	150,606	0	150,606	488,946



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016 (To Be Filed by March 1)

FOR THE STATE OF Alabama		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601		
Person Completing This Exhibit David J. Burke		
Title Controller	Telephone Number	312-332-5401

1	2	3	4	5	6	7	8	9	10			Through 2013			6		
										11	Incurred Claims 14			15	Incurred	l Claims	18
											12	13			16	17	
		Standardized															
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement		Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
V	MO DOL A IN	,	N-	0004000	00/44/4000				OFLITIC MED CUDD	0		0.0				0.0	
Yes Yes	MS POL A-IN	A	NoNoNoNoNoNo	. 0034000	08/14/1992 08/14/1992 08/14/1992				CELTIC MED SUPP	0	0	0.0	0	J	J	0.0 0.0	
Yes	MS POL C-IN	P		. 0034000	09/14/1992				CELTIC MED SUPP.	42,132	14,921	35.4	υ		J	0.0	
169	MIO FUL U-IN			. 0034000	00/ 14/ 1332				CLLITC MILD SOFF	42,132	14,321	0.0	0		Ju	0.0	
Yes	MS POL F-IN	F	No	0034000	08/14/1992				CELTIC MED SUPP	110,915	46,775	42.2	21	0	0	0.0	
Yes	MS POL I-IN.	1	No	0034000	08/14/1992 08/14/1992				CELTIC MED SUPP CELTIC MED SUP.	7,552	394	5.2	1	0	0	0.0	
	OTAL EXPERIEN	CE ON INDIVI	DUAL POLICIES							160,599	62,090	38.7	30	0	0	0.0	
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0299999 T	OTAL EXPERIEN	CE ON GROU	P POLICIES	· · · · · ·			'			0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744 .
 - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
 - 3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
- 4. Explain any policies identified above as policy type "O"



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016 (To Be Filed by March 1)

FOR THE STATE OF Alaska		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601	· ·	
Person Completing This Exhibit David J. Burke		
Title Controller	Telephone Number	312-332-5401

1	2	3	4	5	6	7	8	9	10			Through 2013		Policies Issued in 2014, 2015, 2016				
										11	Incurred Claims 14			15	Incurred	l Claims	18	
											12	13			16	17	1 '	
		Standardized															1	
0	Dallas Farms	Medicare	Madiana	Plan	Data	Date	Date	Data	Delias Madadia a Trada	December		Percent of	Number of	Danasia		Percent of	Number of	
Compliance with OBRA	Policy Form Number	Supplement Benefit Plan	Medicare Select	Character- istics	Date Approved	Approval Withdrawn	Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Premiums Earned	Covered Lives	Premiums Earned	Amount	Premiums Earned	Covered Lives	
WILLIOBRA	Nullibei	Dellelli Flaii	Select	istics	Approved	Williulawii	Amended	Closed	Ivallie	Lameu	Amount	Earrieu	Lives	Lameu	Amount	Lameu	Lives	
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Yes	MS POL F - IN	F	No.	0034000	08/19/1992				CELTIC MED SUPP.	3,897		0.0 22.0	1	ł	1	0.0	1	
	OTAL EXPERIEN	CE ON INDIVI			007 137 1332				OLETTO MED COTT	3,897	857	22.0	1	0	0	0.0	0	
0.1000001	OTAL EXITERIEIT	I	DOTE TOLICILO							0,001	001	22.0		<u> </u>	, i	0.0		
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	OTAL EVDES:=::	1																
0299999 T	OTAL EXPERIEN	CE ON GROU	P POLICIES							0	0	0.0	0	0	0	0.0	0	

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744

 - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744 ...



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016 (To Be Filed by March 1)

FOR THE STATE OF Arizona		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601		
Person Completing This Exhibit David J. Burke		
Title Controller	Telephone Number	312-332-5401

1	2	3	4	5	6	7	8	9	10			Through 2013			3		
										11	Incurred Claims 14			15	Incurred Claims		18
											12	13			16	17	1 1
Compliance with OBRA	Policy Form	Standardized Medicare Supplement Benefit Plan	Medicare	Plan Character- istics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
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	MS POL F-IN	FF	No	0034000	10/11/1991				CELTIC MED SUP.	16,967	9,458		3	0	0	0.0	0
0199999 T	OTAL EXPERIENC	CE ON INDIVI	DUAL POLICIES							16,967	9,458	55.7	3	0	0	0.0	0
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0299999 T	OTAL EXPERIENC	CE ON GROU	IP POLICIES							0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
 - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744 ...



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016 (To Be Filed by March 1)

		FOR THE STATE OF Arkansas	
NAIC Group Code 12	295		NAIC Company Code 80799
Address (City, State ar	nd Zip Code)	Chicago, IL 60601	

Person Completing This Exhibit David J. Burke ... Telephone Number 312-332-5401 Title Controller

1	2	3	4	5	6	7	8	9	10		Policies Issued				3		
										11	Incurred	d Claims	14	15	Incurred	Incurred Claims	
											12	13			16	17	1
		Standardized															1
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
0199999 To	OTAL EXPERIENC	CE ON INDIVI	IDUAL POLICIES							0	0	0.0	0	0	0	0.0	0
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0299999 To	OTAL EXPERIENC	CE ON GROU	JP POLICIES							0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
 - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).

- 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744 ...



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016 (To Be Filed by March 1)

		FOR THE STATE OF California		
IAIC G	oup Code 1295		NAIC Company Code	80799
Address	(City, State and Zip Code)	Chicago, IL 60601		
Person (Completing This Exhibit Da	vid J. Burke		
itle	Controller		Telephone Number	312-332-5401

1	2	3	4	5	6	7	8	9	10		Policies Issued				6		
										11			14	14 15 Incurred Claims		Claims	18
											12	13			16	17	
		Standardized															
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement		Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
v	NO DOL A IN		N	0004000	04/40/4000				OFLITIO MED OUDD	(000)		(0.5)					
Yes	MS POL A-IN	A	No	. 0034000	01/16/1992			· · · · · · · · · · · · · · · · · · ·	CELTIC MED SUPP	(220)		(0.5)	0	ļ ⁰	J	0.0	U
Yes	MS POL C-IN	^	No	. 0034000	07/20/1993				CELTIC MED SUPP.	6,874	3,361	48.9	1	0	Λ	0.0	
	MIO 1 OL O 114			. 0004000						,0,0,4		0.0	'			0.0	
Yes	MS POL F-IN	FF	No	0034000	01/03/1992 01/16/1992				CELTIC MED SUPP CELTIC MED SUP.	1,040	1,452	139.6	0	0	0	0.0	0
	MS POL I-IN		No	. 0034000	01/16/1992				CELTIC MED SUP	6,416	42	0.7	1	0	0	0.0	
0199999 T	OTAL EXPERIEN	CE ON INDIVI	DUAL POLICIES	;						14,110	4,856	34.4	2	0	0	0.0	0
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0299999 T	OTAL EXPERIEN	CE ON GROU	P POLICIES						<u> </u>	0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744 .
 - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744 ...



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016 (To Be Filed by March 1)

FOR THE STATE OF Colorado		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601		
Person Completing This Exhibit David J. Burke		
Title Controller	Telephone Number	312-332-5401

1	2	3	4	5	6	7	8	9	10		Policies Issued					2014, 2015, 2016	<u>;</u>
										11	Incurred		14	15	Incurred		18
											12	13			16	17	1
		Standardized														1	1
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement		Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
Yes	MS POL A-IN	,	No	. 0034000	07/21/1992				CELTIC MED SUPP	٥	٥	0.0	0	0	0	0.0	
163	MIO FOL A-IN	I		. 0034000	0112111332				CLLITC WILD SUFF	0		0.0	0	 	0	0.0	I
												0.0				0.0	
				.]								0.0				0.0	
	MS POL F-IN	JF	No	0034000	07/21/1992				CELTIC MED SUPP.	8,251	1,338	16.2	2	0	0	0.0	
0199999 T	OTAL EXPERIEN	CE ON INDIVID	DUAL POLICIES	3						8,251	1,338	16.2	2	0	0	0.0	0
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0200000 T	OTAL EXPERIENC	CE ON CROU	D DOLICIES		• • • • • • • • • • • • • • • • • • • •					Λ	^	0.0	Λ	^	Λ	0.0	^
0299999 1	OTAL EXPERIENT	CE ON GROUP	- FULIUIES							U	U	0.0	U	L U		0.0	

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744

 - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744 ...



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016 (To Be Filed by March 1)

FOR THE STATE OF Connecticut		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601		
Person Completing This Exhibit David J. Burke		
Title Controller	Telephone Number	312-332-5401

1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2013			Policies Issued in	2014, 2015, 2016	3
										11	Incurred	l Claims	14	15	Incurred	d Claims	18
											12	13			16	17	1
		Standardized															1
		Medicare		Plan		Date	Date					Percent of	Number of	l <u> </u>		Percent of	Number of
Compliance		Supplement		Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums	l	Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
Yes	MS POL A-IN	А	No.	0030560	07/12/1992				CELTIC MED SUPP.	4,498	2,449	54.4	1	0	0	0.0	1 0'
								· · · · · · · · · · · · · · · · · · ·		, , , , , , , , , , , , , , , , , , , ,		0.0				0.0	
Yes	MS POL C-IN		NoNo	. 0030560 0030560	12/21/1993 02/07/1995 07/12/1992				CELTIC MED SUPPCELTIC MED SUPPCELTIC MED SUPP	27 ,950	14,662	52.5 .55.8	4	0	0	0.0	0
Yes	MS POL D-IN	J	No	0030560	02/07/1995				CELTIC MED SUPP	78,240	43,629	55.8	22	0	ļ0	0.0	0 !
YesYes	MS POL F-IN MS POL I-IN.		No No.	0030560	07/12/1992				CELTIC MED SUPP	84,329 4,827		93.5	23	J	ļ	0.0	
	OTAL EXPERIENC	CE ON INDIVI			07 / 12/ 1992				CELTIC WED SOFF	199.844	139.759	69.9	51	0	0	0.0	
01999991	OTAL EXPERIENC		DUAL PULICIES							199,044	139,739	09.9	JI	0	0	0.0	0
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0299999 T	OTAL EXPERIENC	CE ON GROU	P POLICIES							0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744

 - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744 ...



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016 (To Be Filed by March 1)

FOR THE STATE OF Delaware		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601		
Person Completing This Exhibit David J. Burke		
Title Controller	Telephone Number	312-332-5401

1 1	2	3	4	5	6	7	8	9	10		Policies Issued				Policies Issued in		,
										11	Incurred		14	15	Incurred		18
											12	13			16	17	
		Standardized															,
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
Yes.	MS POL A-IN	٨	No	. 0034000	02/18/1993				CELTIC MED SUPP.	2,954	300	10.2	1	0	١	0.0	
165	MO FOL A-IN	A	INO	. 0034000	02/10/1333				CLLITC WILD SUFF	2,304		0.0				0.0	
												0.0				0.0	
Yes	MS POL D-IN MS POL F -IN	D.	No	0034000	02/18/1993 02/18/1993				CELTIC MED SUPP CELTIC MED SUPP	11,581	27 , 284	235.6	1	0	0	0.0	0
		F	No		02/18/1993				CELTIC MED SUPP	5,899	2,892	49.0	1	0	0	0.0	0
0199999 T	OTAL EXPERIENC	CE ON INDIVID	DUAL POLICIES	3						20,434	30,476	149.1	3	0	0	0.0	0
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0299999 T	OTAL EXPERIENC	CE ON GROUP	POLICIES							0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744

 - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744 ...



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016 (To Be Filed by March 1)

FOR THE STATE OF District of Columbia		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601	· ·	
Person Completing This Exhibit David J. Burke		
Title Controller	Telephone Number	312-332-5401

1	2	3	4	5	6	7	8	9	10			Through 2013			Policies Issued in		3
										11	Incurred	d Claims	14	15	Incurred	l Claims	18
1											12	13			16	17	1
		Standardized		l													1
	5	Medicare		Plan	. .	Date	Date	5.	5			Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement		Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums	A	Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
												0.0				0.0	1
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Yes	MS POL I-IN		No	. 0034000	07/20/4002				CELTIC MED SUP.		(2)	0.0		ļ	ļ	0.0 0.0	
		OF ON INDIVI			07/30/1992				CELITC WED SUP	0	(2)	0.0	0	0	0	0.0	0
0199999 10	OTAL EXPERIEN	CE ON INDIVI	DUAL POLICIES	<u> </u>					T	U	(2)	0.0	U	0	0	0.0	0
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0299999 To	OTAL EXPERIEN	CE ON GROU	P POLICIES				•			0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
 - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744 ...



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016 (To Be Filed by March 1)

FOR THE STATE OF Florida		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601		
Person Completing This Exhibit David J. Burke		
Title Controller	Telephone Number	312-332-5401

1	2	3	4	5	6	7	8	9	10		Policies Issued				Policies Issued in		3
										11	Incurred		14	15	Incurred		18
											12	13			16	17	
		Standardized															
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance		Supplement		Character-		Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
Yes	MS POL A-IN	Λ.	No	0034000	01/12/1004				CELTIC MED SUDD	21 000	20, 270	133 . 1	10	0	٥	0.0	٥
Yes	MS POL B-IN	R	NoNo	0034000 0034000	01/12/1994 01/12/1994				CELTIC MED SUPP	148 631	29,279 71,324	48.0	49	l0	0	0.0	0
Yes	MS POL C-IN	C	No	0034000	01/12/1994				CELTIC MED SUPP	21,990 148,631 3,437,420	2,962,380			0	0	0.0	0
l				J								0.0				0.0	
Yes	MS POL F-IN	FF	No	0034000	03/24/1992				CELTIC MED SUPP	1 , 124 , 078	737 , 328	65.6	280	0	0	0.0	0
	MS POL I-IN	l	No	0034000	01/12/1994				CELTIC MED SUP.	354,664	274,974	77 .5	88	0	0	0.0	0
0199999 T	OTAL EXPERIENC	<u>CE ON INDIVI</u>	DUAL POLICIES							5,086,783	4,075,285	80.1	1,382	0	0	0.0	0
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0299999 T	OTAL EXPERIENC	CE ON GROU	P POLICIES							0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744

 - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744 ...



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016 (To Be Filed by March 1)

FOR THE STATE OF Georgia		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601		
Person Completing This Exhibit David J. Burke		
Title Controller	Telephone Number	312-332-5401

1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2013			Policies Issued in	2014, 2015, 2016	5
										11	Incurred	l Claims	14	15	Incurred	l Claims	18
											12	13			16	17	1
		Standardized															1
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
Yes	MS POL A-IN	ļĀ	No	. 0034000	05/06/1992 05/06/1992 01/28/1993 05/31/1995 05/06/1992 05/06/1992			· · · · · · · · · · · · · · · · · · ·	CELTIC MED SUPP	2,659	1,549 5,871	58.3	1	ļ0	0	0.0	0
Yes	MS PUL B-IN	JB	No	. 0034000	05/06/1992				CELTIC MED SUPP	8,791	5,8/1	66.8	3	ļū	ļ0	0.0	ļ
	MS POL C-IN		No No	. 0034000	01/28/1993			·····	CELTIC MED SUPP.		36,960	41.6 60.8	18	ļ0	0	0.0 0.0	ļ
YesYes	MS POL D-IN MS POL F-IN	J	No	0034000	03/31/1993 05/06/1002				CELTIC MED SUPP	195 391	32,801 129,991	70.1		J	J	0.0	ļ
Yes	MS POL I-IN	1	No	0034000	05/06/1992				CELTIC MED SUPP		10,386	38.3	Ω	l0	l	0.0	1
	OTAL EXPERIEN	CE ON INDIVI			03/00/1332				CLETTO MED SOLT	366.707	217,558	59.3	104	Ω	0	0.0	0
01000001	OTAL EXITERIEN	T T	DONE I OLIOILO							000,101	211,000	00.0	101	<u> </u>	<u> </u>	0.0	, in the second
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U299999 I	OTAL EXPERIEN	CE ON GROUP	PPULICIES							0	0	0.0	0	1	1 0	0.0	1 0

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744

 - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744 ...



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016 (To Be Filed by March 1)

FOR THE STATE OF Hawaii		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601		
Person Completing This Exhibit David J. Burke		
Title Controller	Telephone Number	312-332-5401

1	2	3	4	5	6	7	8	9	10		Policies Issued				Policies Issued in		ò
										11	Incurred	l Claims	14	15	Incurred	Claims	18
											12	13			16	17	1
		Standardized															1
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Character-		Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
0.100000 T	OTAL EVENERIES	05.011.015.0	D													2.2	
0199999 1	OTAL EXPERIEN	CE ON INDIVI	DUAL POLICIES						1	0	0	0.0	0	0	0	0.0	0
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0299999 T	OTAL EXPERIEN	CE ON GROU	P POLICIES							0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
 - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
- 4. Explain any policies identified above as policy type "O"

3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016 (To Be Filed by March 1)

		FOR THE STATE OF Idaho		
NAIC Gr	oup Code	1295	NAIC Company Code	80799
Address	(City, State a	and Zip Code) Chicago, IL 60601		
Person C	Completing T	his Exhibit David J. Burke		
Title	Controller		Telephone Number	312-332-5401

1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2013				2014, 2015, 2016	,
										11	Incurred		14	15	Incurred		18
											12	13			16	17	I
		Standardized														i	,
	5	Medicare		Plan	. .	Date	Date	5.	5			Percent of	Number of	l <u>.</u> .		Percent of	Number of
Compliance with OBRA	Policy Form	Supplement Benefit Plan		Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums	A 4	Premiums	Covered Lives	Premiums	A	Premiums	Covered
WITH OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
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V	MO DOL E IN		M-		04/04/4000				CELTIC MED SUP			0.0		ļ		0.0	
Yes	MS POL F-IN	05 ON INDIVID	No	0034000	01/04/1993				CELITC MED SUP	0	0	0.0	0		0	0.0	0
01999991	OTAL EXPERIEN	CE ON INDIVIL	JUAL PULICIES) 					1	U	U	0.0	U	0	U	0.0	0
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0200000 T	OTAL EXPERIEN	CE ON CROUI	D DOI ICIES		• • • • • • • • • • • • • • • • • • • •					Λ	0	0.0	0	Λ	Λ	0.0	<u> </u>
02999991	OTAL EXPERIENT	CL ON GROUP	FULIUIES							U	<u> </u>	0.0	U	1 0	U	0.0	U

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
 - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744 ...



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016 (To Be Filed by March 1)

FOR THE STATE OF Illinois		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601		
Person Completing This Exhibit David J. Burke		
Title Controller	Telephone Number	312-332-5401

1	2	3	4	5	6	7	8	9	10		Policies Issued				Policies Issued in		;
										11	Incurred		14	15	Incurred	Claims	18
											12	13			16	17	1
		Standardized															1
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
												0.0					1
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												0.0				0.0	
Yes	MS POL D-IN	D	No	0034000	12/09/1991				CELTIC MED SUPP	2,565	5,813	226.6	0	0	0	0.0	0
Yes	MS POL D-IN MS POL F-IN	F	No.	. 0034000 . 0034000	12/09/1991				CELTIC MED SUPP	21.302	5.022	23.6	5	0	0	0.0	0
Yes	MS POL I-IN	1	No	. 0034000	12/09/1991 12/09/1991 02/21/1992				CELTIC MED SUPP. CELTIC MED SUPP. CELTIC MED SUPP.	18,950	5,022 4,209	22.2	2	0	0	0.0	0
0199999 T	OTAL EXPERIEN	CE ON INDIVI	DUAL POLICIES							42,817	15,044	35.1	7	0	0	0.0	0
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0299999 To	OTAL EXPERIEN	CE ON GROU	P POLICIES	-			. <u></u>			0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
 - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744 ...



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016 (To Be Filed by March 1)

FOR THE STATE OF Indiana		
IAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601		
Person Completing This Exhibit David J. Burke	-	
Title Controller	Telephone Number	312-332-5401

1	2	3	4	5	6	7	8	9	10		Policies Issued				Policies Issued in		6
										11 [Incurred	Claims	14	15	Incurred	l Claims	18
											12	13			16	17	
		Standardized															
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance		Supplement	Medicare	Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
Yes	MS POL A-IN	Α	No	0034000	02/21/1002				CELTIC MED SUDD	0	٥	0.0	0		١	0.0	٥
Yes	MS POL B-IN	R	No	. 0034000	02/21/1992	·····		·····	CELTIC MED SUPP	 n		0.0	0 N	l	J	0.0	0 N
Yes	MS POL C-IN	C	No	0034000	02/21/1992 02/21/1992 11/18/1992 08/08/1995 02/21/1992				CELTIC MED SUPP	10,923	1,634	15.0	2	0	0	0.0	0
Yes	MS POL C-INMS POL D-IN	D	No	0034000	08/08/1995				CELTIC MED SUPP.	4,204	441	10.5	1	0	0	0.0	0
Yes	MS POL F-IN	F	No	. 0034000	02/21/1992				CELTIC MED SUPP	374,619	441 182,571	487	77	0	0	0.0	0
Yes	MS POL I-IN		No	. 0034000	02/21/1992				CELTIC MED SUPP	29,047	4,105	14.1	5	0	0	0.0	0
0199999	TOTAL EXPERIENC	CE ON INDIVI	DUAL POLICIES							418,793	188,751	45.1	85	0	0	0.0	0
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0299999	TOTAL EXPERIENC	CE ON GROUI	POLICIES	1						0	0	0.0	0	0	0	0.0	0
320000	· · · · · · · · · · · · · · · · · · ·	<u>== =:: =: (===</u>	· CLICIEO							<u> </u>	Ů	0.0	Ů	·		0.0	<u> </u>

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744

 - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744 ...



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016 (To Be Filed by March 1)

FOR THE STATE OF Iowa		
IAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601		
Person Completing This Exhibit David J. Burke		
itle Controller	Telephone Number	312-332-5401

1	2	3	4	5	6	7	8	9	10		Policies Issued				Policies Issued in		;
										11	Incurred	Claims	14	15	Incurred	Claims	18
											12	13			16	17	1 '
		Standardized		l													1
	5 5	Medicare		Plan	. .	Date	Date	5.				Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement		Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums	A 4	Premiums	Covered	Premiums	A	Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
												0.0				0.0	1
]				· · · · · · · · · · · · · · · · · · ·				0.0				0.0	[
Yes	MS POL C-IN		NoNoNo	. 0034000 0034000 0034000	03/04/1993 11/01/1994 12/11/1991 12/11/1991				CELTIC MED SUPP	8,105	3,177	39.2	2	0	0	0.0	0
Yes	MS POL D-IN MS POL F-IN	<u> </u>	No	. 0034000	11/01/1994				CELTIC MED SUPP	3,064	1,607 56,537		ļ <u>1</u>	0	0	0.0	ļ0 !
YesYes	MS POL F-IN	l	NoNo	0034000	12/11/1991				CELTIC MED SUPP. CELTIC MED SUPP. CELTIC MED SUPP.	95,295	50,537	59.3	21	J	0	0.0 0.0	ļ
	OTAL EXPERIEN	CE ON INDIVI			12/11/1991				CELITO WED SUFF	106,464	61,321	57.6	24	0	0	0.0	0
0199999 1	OTAL EXPERIENT		DUAL PULICIES	<u>, </u>						100,404	01,321	37.0	24	0	0	0.0	0
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0299999 T	OTAL EXPERIEN	CE ON GROUI	P POLICIES							0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
 - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744 ...



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016 (To Be Filed by March 1)

			FOR THE STATE OF Kansas		
NAIC Gr	oup Code	1295		NAIC Company Code	80799
Address	(City, State	and Zip Co	de) Chicago, IL 60601		
Person (Completing 7	This Exhibit	David J. Burke		
Title	Controller .			Telephone Number	312-332-5401

1	2	3	4	5	6	7	8	9	10			Through 2013			Policies Issued in		ð
										11	Incurred	l Claims	14	15	Incurred	d Claims	18
											12	13			16	17	
		Standardized															
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance		Supplement		Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
Yes	MC DOL V NC	٨	No	0034060	06/20/1002				CELTIC MED SUDD	2,304	(18)	(0.8)	1	1		0.0	0
Yes	MS POL A-KS MS POL B-KS	R	No	. 0034060 . 0034060	00/29/1992 06/29/1992	· · · · · · · · · · · · · · · · · · ·		·····	CELTIC MED SUPP	2,304 N	[(10)	0.0	'	l0	l0	0.0	
Yes	MS POL C-KS	C	No	0034060	06/29/1992 06/29/1992 08/03/1993				CELTIC MED SUPP	7.353	2.822		2	0	0	0.0	
]						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	0.0				0.0	
Yes	MS POL F-KS	F	No	0034060	06/29/1992 06/29/1992				CELTIC MED SUPP	12,680	19,097	150.6	3	0	0	0.0	
Yes	MS POL 1-KS		No	0034060	06/29/1992	· · · · · · · · · · · · · · · · · · ·			CELTIC MED SUP	3,720	11,383	306.0	1	0	0	0.0	0
0199999 T	OTAL EXPERIENC	CE ON INDIVI	DUAL POLICIES							26,057	33,284	127.7	7	0	0	0.0	0
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0299999 T	OTAL EXPERIENC	CE ON GROU	P POLICIES							0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
 - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744 ...
- 4. Explain any policies identified above as policy type "O"

3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016 (To Be Filed by March 1)

FOR THE STATE OF Kentucky		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601		
Person Completing This Exhibit David J. Burke		
Title Controller	Telephone Number	312-332-5401

1	2	3	4	5	6	7	8	9	10			d Through 2013		Policies Issued in 2014, 2015, 2016			
										11	Incurred	d Claims	14	15	Incurred	l Claims	18
											12	13	1		16	17	1
		Standardized															1
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Supplement Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
					<u> </u>												
0199999 T	OTAL EXPERIENCE	CE ON INDIVI	DUAL POLICIES		•	•				0	0	0.0	0	0	0	0.0	0
																	
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0000000 T	OTAL EVDEDIEN	CE ON ODOL	ID DOLLOIFO		+	+		•		^		0.0			^	0.0	
U299999 I	OTAL EXPERIENCE	CE ON GROU	IP PULICIES							0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
 - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744 ...



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016 (To Be Filed by March 1)

FOR THE STATE OF Louisiana		
	NAIC Company Code	80799

Person Completing This Exhibit David J. Burke Title Controller. Telephone Number 312-332-5401

1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2013			Policies Issued in	2014, 2015, 2016	j
										11	Incurred	d Claims	14	15 Incurred Claims		d Claims	18
											12	13			16	17	1
		Standardized															1
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Character-		Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
																	1
					ļ							0.0				0.0	l
Yes	MS POL C-IN	<u>ر</u>	No	0034000	05/04/1993				CELTIC MED SUPP.	Λ	Λ	0.0	Λ	Λ	Λ	0.0	0
1				0004000									0			0.0	· · · · · · · · · · · · · · · · · · ·
Yes	MS POL F-IN	F	No	0034000	02/25/1992 02/25/1992				CELTIC MED SUPP CELTIC MED SUP	19,792	13,211	0.0 66.7	4	0	0	0.0	0
Yes	MS POL I-IN	l	No	0034000	02/25/1992				CELTIC MED SUP	5,740	10,845	188.9	1	0	0	0.0	0
0199999 T	OTAL EXPERIEN	CE ON INDIVI	DUAL POLICIES							25,532	24,056	94.2	5	0	0	0.0	0
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0299999 T	OTAL EXPERIEN	CE ON GROU	P POLICIES							0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
 - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).

NAIC Group Code 1295

Address (City, State and Zip Code) Chicago, IL 60601

- 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744 ...
- 4. Explain any policies identified above as policy type "O"

3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016 (To Be Filed by March 1)

FOR THE STATE OF Maine		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601		
Person Completing This Exhibit David J. Burke		
Title Controller	Telephone Number	312-332-5401

1	2	3	4	5	6	7	8	9	10			Through 2013		Policies Issued in 2014, 2015, 2016			ĵ .
										11	Incurred		14	15		d Claims	18
											12	13			16	17	1
		Standardized														1	1
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement		Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
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Yes	MS POL F-IN	F	No	0034060	02/26/1992		†	•	CELTIC MED SUPP	Λ	Λ	0.0	Λ	0	Λ	0.0	0
	OTAL EXPERIEN	CE ON INDIVI			02/20/1002		<u> </u>		OLETTO MED COTT	0	Λ	0.0	0	0	Λ	0.0	0
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0299999 T	OTAL EXPERIEN	CE ON GROU	PPOLICIES							0	0	0.0	0	0	0	0.0	1 0

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
 - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744 ...



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016 (To Be Filed by March 1)

FOR THE STATE OF Maryland		
IAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601	· ·	
Person Completing This Exhibit David J. Burke		
Title Controller	Telephone Number	312-332-5401

1	2	3	4	5	6	7	8	9	10			Through 2013		Policies Issued in 2014, 2015, 2016				
										11	Incurred		14	15	Incurred	Claims	18	
											12	13			16	17	1	
		Standardized		Diam		Data	D-4-					Danasat of	No. and an af			Dansant of	Normalis and	
Compliance	Policy Form	Medicare Supplement	Medicare	Plan Character-	Date	Date Approval	Date Last	Date	Policy Marketing Trade	Premiums		Percent of Premiums	Number of Covered	Premiums		Percent of Premiums	Number of Covered	
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives	
With OBIG (Hamboi	Donoile Fider	Coloct	101100	7.10010400	Withdrawii	7 unionada	Ciocca	ranio	Lamou	7 tillount	Lamou	LIVOO	Lamou	741104110	Lamou	LIVES	
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Yes	MS POL C-IN		No	. 0034000	12/29/1992				CELTIC MED SUPP	10,598		0.0 8.4		ļ	ļ	0.0 0.0	·····	
1 1			INO	. 0034000				· · · · · · · · · · · · · · · · · · ·		10,596		0.4	J	⁰		0.0	I	
Yes	MS POL F-INMS POL I-IN	F	No	. 0034000	07/12/1992 07/12/1992				CELTIC MED SUPP CELTIC MED SUP	11,960	29,701	0.0 248.3	3	0	0	0.0	0	
			No		07/12/1992				CELTIC MED SUP	5,249	703	13.4	1	0	0	0.0	0	
0199999 T	OTAL EXPERIEN	CE ON INDIVI	DUAL POLICIES	<u>; </u>						27,807	31,293	112.5	7	0	0	0.0	0	
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0299999 T	OTAL EXPERIEN	CE ON GROU	P POLICIES							0	0	0.0	0	0	0	0.0	0	

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
 - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744.

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016 (To Be Filed by March 1)

FOR THE STATE OF Massachusetts		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601		
Person Completing This Exhibit David J. Burke		
Title Controller	Talanhona Number	312-332-5/01

1	2	3	4	5	6	7	8	9	10		Policies Issued			Policies Issued in 2014, 2015, 2016			
1										11	Incurred		14	15	Incurred		18
1 1											12	13			16	17	1
1		Standardized															1
1		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Supplement Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Policy Marketing Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
0199999 To	OTAL EXPERIENC	CE ON INDIVI	DUAL POLICIES							0	0	0.0	0	0	0	0.0	0
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0299999 To	OTAL EXPERIENC	CE ON GROU	IP POLICIES	1	T	T		•	1	0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744 .
 - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744.



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016 (To Be Filed by March 1)

FOR THE STATE OF Michigan		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601		
Person Completing This Exhibit David J. Burke		
Title Controller	Telephone Number	312-332-5401

1 1	2	3	4	5	6	7	8	9	10		Policies Issued					2014, 2015, 2016	<u>;</u>
										11 [Incurred	Claims	14	15	Incurred	d Claims	18
											12	13			16	17	1
		Standardized														1	1
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement		Character-		Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
												0.0				0.0	1
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	MS POL F-IN		No	0034060	06/07/1994				CELTIC MED SUP.	10,462	4,825	46.1	2	0	0	0.0	
0199999 T	OTAL EXPERIEN	CE ON INDIVID	DUAL POLICIES	<u> </u>					T	10,462	4,825	46.1	2	0	0	0.0	0
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0299999 T	OTAL EXPERIEN	CE ON GROUP	POLICIES							0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
 - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744 ...
- 4. Explain any policies identified above as policy type "O"

3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016 (To Be Filed by March 1)

FOR THE STATE OF Minnesota		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601	· ·	
Person Completing This Exhibit David J. Burke		
Title Controller	Telephone Number	312-332-5401

1	2	3	4	5	6	7	8	9	10		Policies Issued				Policies Issued in		ĵ
1										11	Incurred		14	15	Incurred		18
1 1											12	13			16	17	1
1		Standardized															1
1		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Supplement Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Policy Marketing Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
0199999 To	OTAL EXPERIENC	CE ON INDIVI	DUAL POLICIES							0	0	0.0	0	0	0	0.0	0
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0299999 To	OTAL EXPERIENC	CE ON GROU	IP POLICIES	1	T	T		•		0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744 .
 - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744.



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016 (To Be Filed by March 1)

FOR THE STATE OF Mississippi		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601	· ·	
Person Completing This Exhibit David J. Burke		
Title Controller	Telephone Number	312-332-5401

1	2	3	4	5	6	7	8	9	10		Policies Issued				Policies Issued in		;
										· · · · · · · · · · · · · · · · · · ·			14	15	Incurred	Claims	18
											12	13			16	17	1
		Standardized															1 !
	D :: -	Medicare		Plan	. .	Date	Date	5.				Percent of	Number of	 		Percent of	Number of
Compliance	Policy Form	Supplement		Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums	A 4	Premiums	Covered	Premiums	A	Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
												0.0				0.0	1
								· · · · · · · · · · · · · · · · · · ·				0.0				0.0	
Yes	MS POL C-IN		NoNoNo	. 0034000 . 0034000 . 0034000	04/02/1993 10/18/1994 09/02/1992 09/02/1992				CELTIC MED SUPP	15,272	6,920	45.3	4	0	0	0.0	0
Yes	MS POL D-IN	JD	No	. 0034000	10/18/1994				CELTIC MED SUPP	3,094		24.6	ļ <u>1</u>	0	0	0.0	ļ0 ļ
YesYes	MS POL F-IN	ļ	NoNo	0034000	09/02/1992				CELTIC MED SUPP. CELTIC MED SUPP. CELTIC MED SUPP.			53.8 12.6	15	J	ļ0	0.0 0.0	ļ
	OTAL EXPERIEN	CE ON INDIVI			09/02/1992				CELITO WED SUFF	89.777	44.483	49.5	21	0	0	0.0	0
01999991	OTAL EXPERIEN	T INDIVI	DUAL PULICIES	<u>, </u>					I	09,111	44,400	40.0	21	0	0	0.0	· ·
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	OTAL EVOES:-::	1			•												
0299999 T	OTAL EXPERIEN	CE ON GROU	PPOLICIES							0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
 - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
 - 3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
- 4. Explain any policies identified above as policy type "O"



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016 (To Be Filed by March 1)

FOR THE STATE OF Missouri		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601		
Person Completing This Exhibit David J. Burke		
Title Controller	Telephone Number	312-332-5401

1 1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013 11 Incurred Claims 14					5		
										11			14	15	Incurred	l Claims	18
											12	13			16	17	
		Standardized															
0	D.F. E	Medicare	NA . d'	Plan	D.1.	Date	Date	D. L.	Dalla Madalla Tada	B		Percent of	Number of	B		Percent of	Number of
Compliance with OBRA		Supplement Benefit Plan	Medicare Select	Character-		Approval Withdrawn	Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Premiums Earned	Covered Lives	Premiums Earned	Amount	Premiums Earned	Covered Lives
WILLI OBRA	Number	Benefit Plan	Select	istics	Approved	withdrawn	Amended	Ciosea	Name	Earneu	Amount	Earned	Lives	Eamed	Amount	Eameu	Lives
Yes	MS POL A-MO.	A	No	0034000	02/05/1992	l			CELTIC MED SUP.	1,785	1,880	105.3	1	0	0	0.0	0
				J	i							0.0				0.0	
Yes	MS POL C-MO		No	0034000	01/26/1993		·····		CELTIC MED SUPP	38,582	62 , 185	161.2	10	0	0	0.0	0
Yes	MS POL F-MO	F	No	0034000	11/20/1991				CELTIC MED SUPP.	18,990	20,479	107.8	6	0	0	0.0	0
	OTAL EXPERIENC	CE ON INDIVI	DUAL POLICIES		1					59,357	84,544	142.4	17	0	0	0.0	0
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0299999 T	OTAL EXPERIENC	JE ON GROU	PPOLICIES							0	0	0.0	0	<u> </u>	0	0.0	0

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
 - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744 ...



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016 (To Be Filed by March 1)

FOR THE STATE OF Montana		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601		
Person Completing This Exhibit David J. Burke		
Title Controller	Telephone Number	312-332-5401

1	2	3	4	5	6	7	8	9	10		Policies Issued				Policies Issued in		3
										11	Incurred	Claims	14	15	Incurred	l Claims	18
											12	13			16	17	1
		Standardized															1 '
0	Dallas Farms	Medicare	Madiana	Plan	Data	Date	Date	Data	Delias Madestina Tanda	December		Percent of	Number of	Danasia		Percent of	Number of
Compliance with OBRA	Policy Form Number	Supplement Benefit Plan	Medicare Select	Character- istics	Date Approved	Approval Withdrawn	Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Premiums Earned	Covered Lives	Premiums Earned	Amount	Premiums Earned	Covered Lives
WILLIOBRA	Nullibei	Dellelli Flati	Select	ISUCS	Approved	Williulawii	Amended	Cioseu	Name	Earrieu	Amount	Lameu	Lives	Earrieu	Amount	Earrieu	Lives
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Yes	MS POL F-IN	F	No	0034000	09/02/1992				CELTIC MED SUPP.	3,892	2,496	0.0 .64.1	1	ł	1	0.0	0
	OTAL EXPERIEN	CE ON INDIVI			0070271002				OLETTO MED COTT	3,892	2,496	64.1	1	0	0	0.0	0
0.100000.1	OTAL EXITERIEIT	I	DOTE TOLICIES							0,002	2,100	01.1		<u> </u>	·	0.0	<u> </u>
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0299999 T	OTAL EXPERIEN	CE ON GROU	PPOLICIES							0	0	0.0	0	1 0	0	0.0	0

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
 - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744 ...



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016 (To Be Filed by March 1)

E	THE	STATE	OF	Nehraska

NAIC Group Code 1295 NAIC Company Code 80799 Address (City, State and Zip Code) Chicago, IL 60601 Person Completing This Exhibit David J. Burke ... Title Controller Telephone Number 312-332-5401

1	2	3	4	5	6	7	8	9	10		Policies Issued				Policies Issued in		ò
										11	Incurred		14	15	Incurred	Claims	18
											12	13			16	17	
		Standardized															
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement		Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
V	NO DOL A IN		N	0004000	05/04/4000				OFLITIO MED OUDD	0.040	440	44.7					
Yes	MS POL A-IN	A	No	. 0034000	05/01/1992			· · · · · · · · · · · · · · · · · · ·	CELTIC MED SUPP	3,048	448	14.7	1	J0	ļ ⁰	0.0	U
Yes	MS POL C-IN	· · · · · · · · · · · · · · · · · · ·	No	. 0034000	05/20/1993				CELTIC MED SUPP.	5,090	2,306	45.3	1	n	n	0.0	
163	WIO TOL 0-1N			. 0004000					CELTIC MED 3011	,000	· ·	0.0				0.0	
Yes	MS POL F-IN	F	No	0034000	05/01/1992				CELTIC MED SUPP	162,174	60,064	37.0	27	0	0	0.0	0
Yes	MS POL I-IN		No	. 0034000	05/01/1992 05/01/1992				CELTIC MED SUPP	0	(8)	0.0	0	0	0	0.0	0
0199999 T	OTAL EXPERIEN	CE ON INDIVI	DUAL POLICIES	;						170,312	62,810	36.9	29	0	0	0.0	0
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0200000 T	OTAL EXPERIEN	CE ON CROIL	D DOLICIES		• • • • • • • • • • • • • • • • • • • •					0	^	Λ Λ	^	^	0	^ ^	^
U299999 I	OTAL EXPERIENT	CE ON GROU	P PULIUIES							0	0	0.0	0	l U	1 0	0.0	1

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
 - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744.



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016 (To Be Filed by March 1)

		FOR THE STATE OF Nevada		
NAIC Gr	oup Code	1295	NAIC Company Code	80799
Address	(City, State	e and Zip Code) Chicago, IL 60601		
Person (Completing ¹	This Exhibit David J. Burke		
Title	Controller .		Telephone Number	312-332-5401

Compliance Policy Form Select Policy Form Select Policy Form Select Policy Marketing Trade Policy Marke	1	2	3	4	5	6	7	8	9	10			Through 2013			Policies Issued in		;
Compilance Policy Form Mumber of Work Glazer Policy Form Mumber of Work Glazer Policy Marketing Trade Polic											11	Incurred	d Claims	14	15	Incurred	l Claims	18
Policy Form Medicare Medicare Medicare Medicare Medicare Medicare Medicare Medicare Medicare Manuel Manuel Medicare Manuel Medicare Manuel Medicare Manuel Medicare Manuel Medicare Manuel Medicare Manuel Medicare Manuel Medicare Manuel Medicare Medicare Manuel Medicare Manuel Medicare Manuel Medicare Manuel Medicare Manuel Medicare Manuel Medicare Manuel Medicare Manuel Medicare Manuel Medicare Manuel Medicare Manuel Medicare Medi												12	13			16	17	1
Compliance Policy Form Supplement Medicare Martin Care Policy Form Number Benefit Plan Select Size Approved Withdrawn Amended Closed Name Eamed Name Eamed Lives Lives																		1
Number Benefit Plan Select Istics Approved Withdraw Amended Closed Name Earned Amount Earned Lives Earned Amount Earned Lives																		
Yes NS P0. F-IN. F No. 0034000 05/01/1992 CELTIC NED SIPP 2,704 1,779 65 8 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Compliance	Policy Form	Supplement							Policy Marketing Trade								
Ves. NS POL F-IN. F. No. 0034000 95/01/1992 CELTIC NED SUPP 9.317 980 0.5 2 0 0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0	with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
Ves. NS POL F-IN. F. No. 0034000 95/01/1992 CELTIC NED SUPP 9.317 980 0.5 2 0 0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0	Voc	MC DOL A IN	Α.	No	0034060	05/01/1002				CELTIC MED CUDD	2 704	1 770	65.0	,			0.0	
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	169	INIO FUL A-IN		NO	. 0034000	03/01/1992			· · · · · · · · · · · · · · · · · · ·	CELTIC WED SUFF	2,704	,1,110				⁰		⁰
Ves															İ		0.0	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES 20.525 17,977 87.6 4 0 0 0.0 0]								0.0				0.0	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES 20.525 17,977 87.6 4 0 0 0.0 0	Yes	MS POL F-IN	F		0034000	05/01/1992				CELTIC MED SUPP	9,317	980	10.5	2	0	0		0
						05/01/1992				CELTIC MED SUPP				1	0	0		0
AZGOGGO TOTAL EXPEDIENCE ON COOLURES	0199999 T	OTAL EXPERIENC	CE ON INDIVI	DUAL POLICIES							20,525	17,977	87.6	4	0	0	0.0	0
2790000 TOTAL EXPERIENCE ON GROUP POLICIES																		
0200000 TOTAL EXPEDIENCE ON CRONID POLICIES			· · · · · · · · · · · · · · · · · · ·			•		• • • • • • • • • • • • • • • • • • • •	•		•							·····
																		
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0200000 TOTAL EXPERIENCE ON GROUP POLICIES									•						·····			····
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0200000 TOTAL EXPERIENCE ON CROULD POLICIES]													
0200000 TOTAL EXPEDIENCE ON GROUP POLICIES					ļ							ļ	ļ		ļ	ļ		ļ
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0299999 TOTAL EXPEDIENCE ON CROLLE POLICIES									•			ł	ł		·····	ł		ł
0200000 TOTAL EXPEDIENCE ON GROUP POLICIES					1							ł	·····		 	····		
	0200000 T	OTAL EXPERIENC	OF ON GROU	ID POLICIES	1	+			•	4	Λ	0	0.0	0	Λ	0	0.0	Λ

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744 .
 - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744 ...



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016 (To Be Filed by March 1)

FOR THE STATE OF New Hampshire		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601	· ·	
Person Completing This Exhibit David J. Burke		
Title Controller	Telephone Number	312-332-5401

1	2	3	4	5	6	7	8	9	10		Policies Issued				Policies Issued in		;
										11	Incurred	d Claims	14	15	Incurred	l Claims	18
											12	13			16	17	1
		Standardized															1
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
0199999 To	OTAL EXPERIENC	CE ON INDIVI	IDUAL POLICIES							0	0	0.0	0	0	0	0.0	0
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0299999 To	OTAL EXPERIENC	CE ON GROU	JP POLICIES							0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
 - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744.



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016 (To Be Filed by March 1)

FOR THE STATE OF New Jersey		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601	· ·	
Person Completing This Exhibit David J. Burke		
Title Controller	Telephone Number	312-332-5401

1 1	2	3	4	5	6	7	8	9	10		Policies Issued				Policies Issued in		6
										11	Incurred	d Claims	14	15	Incurred	l Claims	18
											12	13			16	17	
		Standardized															
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance		Supplement		Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums	l	Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
Yes	MS POL A-IN	А	No	0034060	04/27/1993				CELTIC MED SUPP	0	40	0.0	0	0	ا ۱	0.0	ا ۱
Yes	MS POL B-IN	В	No.	0034060	04/27/1993 04/27/1993				CELTIC MED SUPP	14,988	40 7,529 182,552	50.2	4	0	0	0.0	0
Yes	MS POL C-IN	C.	No	0034060	04/27/1993				CELTIC MED SUPP	160,667	182,552	113.6	36	0	0	0.0	0
	MO DOL E IN				04/07/4000				OF LT LO MED OUDD	000 054	070 004	0.0	400			0.0	
	MS POL F-IN MS POL I-IN.		No No	0034060	04/27/1993 04/27/1993				CELTIC MED SUPP	660,654 267,374	370,021 131,306	56.0 .49.1	132 47	5, 104	3,334	0.0 65.3	0
	OTAL EXPERIENC				04/2// 1995				CELTIC WED SOF	1,103,683	691.448	62.6	219	5,104	3.334	65.3	1
01999991	OTAL EXPERIENC	SE ON INDIVI	DUAL POLICIES							1,100,000	031,440	02.0	213	3,104	3,334	00.0	'
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0299999 T	OTAL EXPERIENC	CE ON GROU	P POLICIES							0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
 - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744.



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016 (To Be Filed by March 1)

NAIC Group Code 1295 NAIC Company Code 80799 Address (City, State and Zip Code) Chicago, IL 60601 Person Completing This Exhibit David J. Burke ... Title Controller. Telephone Number 312-332-5401

1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2013			Policies Issued in	2014, 2015, 2016	i
										11	Incurred	l Claims	14	15	Incurred	l Claims	18
											12	13			16	17	
		Standardized															
0	D.F. E	Medicare	Maritima	Plan	D. I.	Date	Date	Date	Butto Madatas Toda	D		Percent of	Number of	D		Percent of	Number of
Compliance with OBRA	Policy Form Number	Supplement Benefit Plan		Character-		Approval	Last	Date Closed	Policy Marketing Trade Name	Premiums Earned	A	Premiums Earned	Covered Lives	Premiums	A 4	Premiums Earned	Covered Lives
WITH OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
												0.0				0.0	ı
												0.0				0.0	
												0.0				0.0	
Yes	MC DOLE IN	Е	No	0024000	11/20/1991				CELTIC MED SUP	47,394	13,670	0.0 28.8	13			0.0 0.0	i
Yes	MS POL F-IN MS POL I-IN		No.	. 0034000	02/03/1992				CELTIC MED SUP	7,760	1,526	19.7	13	0 N	J0	0.0	0
	OTAL EXPERIEN	CE ON INDIVI			0270071002	ļ		•	OLETTO MED COL	55.154	15.196	27.6	14	0	0	0.0	0
01000001	OTAL EXITERS	T T	DOME I GEIGIEG						1	00,101	10,100	27.10			Ů	0.0	
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0299999 T	OTAL EXPERIEN	CE ON GROU	P POLICIES							0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
 - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744 ...



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016 (To Be Filed by March 1)

FOR THE STATE OF New Yo	0	R	THE	STATE	OF New	Yor	k
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NAIC Group Code 1295 NAIC Company Code 80799 Address (City, State and Zip Code) Chicago, IL 60601 Person Completing This Exhibit David J. Burke ... Title Controller Telephone Number 312-332-5401

1	2	3	4	5	6	7	8	9	10			Through 2013				2014, 2015, 2016	ĵ
										11	Incurred	d Claims	14	15	Incurred	Claims	18
											12	13			16	17	
		Standardized														, ,	
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
Compliance with OBRA	Number	Benefit Plan	Select	istics	Approved		Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
0199999 T	OTAL EXPERIENC	CE ON INDIVI	DUAL POLICIES			•				0	0	0.0	0	0	0	0.0	0
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0299999 T	OTAL EXPERIENCE	CE ON GROU	P POLICIES							0	0	0.0	0	1 0	0	0.0	0 1

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
 - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744.



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016 (To Be Filed by March 1)

FOR THE STATE OF North Carolina		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601		
Person Completing This Exhibit David J. Burke		
Title Controller	Telephone Number	312-332-5401

Standardized Standardized Medicare Policy Form Supplement Medicare Character- Date Approval Last Date Policy Marketing Trade Premiums Premiums Covered Premiums	1	2	3	4	5	6	7	8	9	10		Policies Issued				Policies Issued in		ò
Standardized Medicare Policy Form with OBRA Policy Form With OBRA Policy Form With OBRA Policy Form With OBRA Policy Form With OBRA Policy Form With OBRA Policy Marketing Trade Policy Marketing Trade Policy Marketing Trade Policy Marketing Trade Policy Marketing Trade Premiums Earned Premiums Earned Premiums Earned Premiums Earned Premiums Earned Premiums Earned Premiums Premi											11	Incurred	Claims	14	15	Incurred	d Claims	18
Compliance with OBRA Policy Form with OBRA Policy Form Number Policy Form Number Policy Form Number Policy Marketing Trade Policy Marketing Trade Policy Marketing Trade Policy Marketing Trade Policy Marketing Trade Policy Marketing Trade Policy Marketing Trade Premiums Earned Premiums Earned Premiums Earned Premiums Earned Premiums Earned Premiums Earned Premiums Earned Premiums Earned Premiums Earned Premiums Earned Premiums Earned Premiums Percent of Premiums Premiums												12	13			16	17	
Compliance with OBRA Policy Form Number Policy Form Number Select																		
with OBRA Number Benefit Plan Select istics Approved Withdrawn Amended Closed Name Earned Amount Earned Lives 0.0 <																		Number of
0.0 0.0	Compliance	Policy Form	Supplement							Policy Marketing Trade								Covered
Yes. MS POL C-IN. C. No. 0034000 11/22/1993. CELTIC MED SUPP 14,098 1,448 10.3 3 0 0 0.0 0.0 Yes. MS POL F-IN. F. No. 0034000 04/15/1992. CELTIC MED SUPP 27,899 8,743 31.3 6 0 0 0.0 Yes. MS POL I-IN. I. No. 0034000 04/15/1992. CELTIC MED SUP 4,444 2,800 63.0 1 0 0 0 0	with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
Yes. MS POL C-IN. C. No. 0034000 11/22/1993. CELTIC MED SUPP 14,098 1,448 10.3 3 0 0 0.0 0.0 Yes. MS POL F-IN. F. No. 0034000 04/15/1992. CELTIC MED SUPP 27,899 8,743 31.3 6 0 0 0.0 Yes. MS POL I-IN. I. No. 0034000 04/15/1992. CELTIC MED SUP 4,444 2,800 63.0 1 0 0 0 0																		
Yes MS POL C-IN. C. No. 0034000 11/22/1993. CELTIC MED SUPP 14,098 1,448 10.3 3 .0 0 0.0 Yes. MS POL F-IN. F. No. 0034000 04/15/1992. CELTIC MED SUPP. 27,899 8,743 31.3 6 0 0 0 0.0 Yes. MS POL I-IN. I. No. 0034000 04/15/1992. CELTIC MED SUP. 4,444 2,800 63.0 1 0 0 0 0 0 0		•••••															0.0	
Yes MS POL F-IN F No. 0034000 04/15/1992 CELTIC MED SUPP 27,899 8,743 31.3 6 0 0 0.0 Yes MS POL I-IN I No. 0034000 04/15/1992 CELTIC MED SUP 4,444 2,800 63.0 1 0 0 0.0	Voc	MC DOL C IN	······	Mo	0034000	11/22/1002				CELTIC MED CUDD	14 000	1 110						
Yes MS POL F-IN F No. 0034000 04/15/1992 CELTIC MED SUPP 27,899 8,743 31.3 6 0 0 0.0 Yes MS POL I-IN I No. 0034000 04/15/1992 CELTIC MED SUP 4,444 2,800 63.0 1 .0 0 0.0	165	WIS FUL C-IN		NO	. 0034000	11/22/1995				CELTIC WED SUFF	14,090					J		
	Yes	MS POL F-IN	F	No	0034000	04/15/1992				CELTIC MED SUPP	27.899	8.743	31.3	6	0	0		0
	Yes	MS POL I-IN		No	. 0034000	04/15/1992				CELTIC MED SUP.	4,444	2,800	63.0	1	0	0		0
	0199999 T	OTAL EXPERIEN	CE ON INDIVI	DUAL POLICIES							46,441			10	0	0	0.0	0
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0299999 TOTAL EXPERIENCE ON GROUP POLICIES 0 0 0 0 0 0 0 0 0 0.0	0299999 T	OTAL EXPERIENT	CE ON GROU	P POLICIES	1	• • • • • • • • • • • • • • • • • • • •				4	Λ	n	n n	n	n	n	0.0	n

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
 - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
 - 3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
- 4. Explain any policies identified above as policy type "O"



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016 (To Be Filed by March 1)

FOR THE STATE OF North Dakota		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601	· ·	
Person Completing This Exhibit David J. Burke		
Title Controller	Telephone Number	312-332-5401

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013					j		
										11	Incurred		14	15	Incurred		18
		Standardized		Div		Date	D. I.				12	13	N. salas saf		16	17 December	Nt f
Compliance	Policy Form	Medicare	Medicare	Plan Character-	Date	Date	Date Last	Date	Policy Marketing Trade	Premiums		Percent of Premiums	Number of Covered	Premiums		Percent of Premiums	Number of Covered
Compliance with OBRA	Number	Supplement Benefit Plan	Select	istics	Approved	Approval Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
With Oblot	Number	Deficit Fian	OCICOL	131103	Approved	Withdiawii	7 tillerided	010300	TVallic	Larrica	Amount	Lamea	LIVCS	Lamea	Amount	Lamea	LIVES
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Yes	MS POL F-IN	F	No	0034000	03/03/1992				CELTIC MED SUP.		4,462	42.9	3	0	0	0.0	0
	OTAL EXPERIEN	CE ON INDIVI	DUAL POLICIES							10,408	4,462	42.9	3	0	0	0.0	0
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0000007	OTAL EVDEDIEN	OF ON OBOU	ID DOLLOIFO								0	^ ^			^	^ ^	
0299999 T	OTAL EXPERIEN	CE ON GROU	IP POLICIES							0	0	0.0	0	0	0	0.0	. 0

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744

 - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744 ...
 - 3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
- 4. Explain any policies identified above as policy type "O"



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016 (To Be Filed by March 1)

FOR THE STATE OF Ohio		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601	· · · · · · · · · · · · · · · · · · ·	
Person Completing This Exhibit David J. Burke		
Title Controller	Talanhona Number	312-332-5/01

1	2	3	4	5	6	7	8	9	10			Through 2013			Policies Issued in		ò
										11	Incurred	d Claims	14	15	Incurred	l Claims	18
											12	13			16	17	
		Standardized															
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA		Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
					•												
Yes	MS POL A-IN	A	No	. 0034000	10/24/1991 10/24/1991				CELTIC MED SUPP	0	0	0.0	0	0	0	0.0	0
Yes	MS POL B-IN	В	No	. 0034000	10/24/1991				CELTIC MED SUPP	236	1,710	724.6	0	0	ļ0	0.0	
Yes	MS POL C-IN	<u>C</u>	No	. 0034000	11/20/1992			·····	CELTIC MED SUPP	39,586	10,074	25.4	6	0	0	0.0	
Yes	MS POL D-IN	J	No	. 0034000	12/01/1993 10/24/1991				CELTIC MED SUPP	10,430	1,261	12.1	3	ļ0	J0	0.0	
Yes	MS POL F-IN	F	NoNo	0034000	10/24/1991				CELTIC MED SUPP	37,614 10,728	32,686	86.9 15.4		ļ	J	0.0 0.0	
					10/24/1991				CELTIC MED SUPP					0	0		
0199999 1	OTAL EXPERIEN	CE ON INDIVI	DUAL POLICIES	<u> </u>						98,594	47,378	48.1	18	0	0	0.0	0
		•			• • • • • • • • • • • • • • • • • • • •					•							
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		†·····		1			·····										†
0200000 T	OTAL EXPERIEN	CE ON GROU	P POLICIES	4			·····			0	0	0.0	0	^	0	0.0	0
02999991	OTAL EVERYEN	CL ON GROU	FFULICIES							U	ı	0.0	U	ı	1	0.0	1

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744 .
 - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744.



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016 (To Be Filed by March 1)

		FOR THE STATE OF Oklahoma		
NAIC Group Code 12	295		NAIC Company Code 803	799
Address (City, State an	nd Zip	Code) Chicago, IL 60601		

Telephone Number 312-332-5401

1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2013			Policies Issued in	2014, 2015, 2016	3
										11	Incurred	d Claims	14	15	Incurred	d Claims	18
											12	13			16	17	
		Standardized															
	D.F. E	Medicare		Plan	D.1.	Date	Date	D. L.	Diffe Medicine Tools	D		Percent of	Number of	D		Percent of	Number of
Compliance with OBRA		Supplement	Medicare Select	Character-		Approval	Last	Date	Policy Marketing Trade	Premiums	A	Premiums	Covered	Premiums	A	Premiums	Covered
WITH OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
Yes	MS POL A-IN	Α	No.	0034060	02/03/1992				CELTIC MED SUPP	0	(2)	0.0	0	0	0	0.0	0
												0.0				0.0	
												0.0				0.0	
Yes	MS POL F-IN	E	No	0034060	02/03/1992				CELTIC MED SUPP.	13,774	703	0.0 5.1		1	1	0.0	ļ
	OTAL EXPERIENCE				02/03/1992				CLLITC MLD SOFF	13.774	701	5.1	3	0		0.0	
01999991	OTAL LAFLICIEN	SE ON INDIVI	DUAL FULICILS		1					13,774	701	J.1	J	0	0	0.0	0
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0299999 T	OTAL EXPERIENC	CE ON GROU	P POLICIES	1	T			•	·	0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
 - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).

Title Controller.

Person Completing This Exhibit David J. Burke ...

- 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744.
- 3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232

4. Explain any policies identified above as policy type "O"



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016 (To Be Filed by March 1)

FOR THE STATE OF Oregon		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601	· ·	
Person Completing This Exhibit David J. Burke		
Title Controller	Telephone Number	312-332-5401

1	2	3	4	5	6	7	8	9	10		Policies Issued				Policies Issued in		ĵ
1										11	Incurred		14	15	Incurred		18
1 1											12	13			16	17	1
1		Standardized															1
1		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Supplement Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Policy Marketing Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
0199999 To	OTAL EXPERIENC	CE ON INDIVI	DUAL POLICIES							0	0	0.0	0	0	0	0.0	0
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0299999 To	OTAL EXPERIENC	CE ON GROU	IP POLICIES	1	T	T		•		0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
 - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744.



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016 (To Be Filed by March 1)

FOR THE STATE OF Pennsylvania		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601	· ·	
Person Completing This Exhibit David J. Burke		
Title Controller	Telephone Number	312-332-5401

1	2	3	4	5	6	7	8	9	10			Through 2013			Policies Issued in		3
										11	Incurred	d Claims	14	15	Incurred	l Claims	18
											12	13			16	17	
		Standardized															
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
Yes	MS POL A-IN	<u>A</u>	No	0034060 0034060	03/23/1993				CELTIC MED SUPP	0	0	0.0	0	0	0	0.0	0
Yes	MS POL B-IN	В	No	0034060	03/23/1993				CELTIC MED SUPP	6,824	1,131	16.6	2	0	0	0.0	0
Yes	MS POL C-IN MS POL D-IN.		No No	0034060 0034060	03/23/1993 03/23/1993			·····	CELTIC MED SUPP CELTIC MED SUPP	82,481 9,127	52,560	63.7 24.0	18	0	0	0.0	0
					03/23/1993				CELITO MED SUPP	,	2,188			0	0	0.0	0
0199999 T	OTAL EXPERIENC	JE ON INDIVI	DUAL POLICIES						T	98,432	55,879	56.8	22	0	0	0.0	0
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0299999 T	OTAL EXPERIENC	CE ON GROU	P POLICIES		•	• • • • • • • • • • • • • • • • • • • •	•	•	•	0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
 - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744.
 - 3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232

4. Explain any policies identified above as policy type "O"



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016 (To Be Filed by March 1)

FOR THE STATE OF Rhode Island		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601		
Person Completing This Exhibit David J. Burke		
Title Controller	Telephone Number	312-332-5401

1	2	3	4	5	6	7	8	9	10			Through 2013			Policies Issued in		j
										11	Incurred		14	15	Incurred	l Claims	18
											12	13			16	17	1
		Standardized															1
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Supplement Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
												0.0				0.0	
											ļ	0.0				0.0	ļ
	MS POL C -IN		No	. 0034000	12/18/1992				CELTIC MED SUP	4,258	14,553	341.8	1	0	0	0.0	0
0199999 T	OTAL EXPERIEN	CE ON INDIV	IDUAL POLICIES	<u>. </u>						4,258	14,553	341.8	1	0	0	0.0	0
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0299999 I	OTAL EXPERIEN	UE ON GROU	JP POLICIES							0	0	0.0	0	1 0	0	0.0	1 0

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
 - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744.



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016 (To Be Filed by March 1)

FOR THE STATE OF South Carolina		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601		
Person Completing This Exhibit David J. Burke		
Title Controller	Telephone Number	312-332-5401

1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2013			Policies Issued in		ò
										11	Incurred	d Claims	14	15	Incurred	l Claims	18
											12	13			16	17	
		Standardized															
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement		Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
	MO BOL B IN	D							OF LT LO MED OUDD			0.0				0.0	
Yes	MS POL B-IN	B	No	0034000	09/14/1992				CELTIC MED SUPP.	0	0	0.0	0	J0	0	0.0	J
Yes	MS POL C-IN		No	0034000	07/15/1994			• • • • • • • • • • • • • • • • • • • •	CELTIC MED SUPP	14,3/1	20,038	139.4	2	0	0	0.0	0
Yes	MS POL F-IN	F	No	0034000	09/14/1992				CELTIC MED SUPP	113,974	109,671	0.0 96.2	24	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	0.0	0
Yes	MS POL I-IN		No	0034000 0034000	09/14/1992				CELTIC MED SUPP CELTIC MED SUPP	113,374	03,071	0.0	0	1	l	0.0	0
	OTAL EXPERIENCE	CE ON INDIVI			007 117 1002			•	OLETTO MED COTT	128.345	129.709	101.1	26	0	0	0.0	0
01000001	OTAL EXI LINEIN	SE ON INDIVI	DONE I CEICIEC							120,010	120,700	101.11	20	Ů	·	0.0	
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0299999 T	OTAL EXPERIENC	CE ON GROU	P POLICIES	-	•					0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
 - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744.



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016 (To Be Filed by March 1)

		FOR THE STATE OF South Dakota		
NAIC Gr	oup Code 1295		NAIC Company Code	80799
Address	(City, State and Zip Co	de) Chicago, IL 60601	, ,	
Person (Completing This Exhibit	David J. Burke		
Title	Controller		Telephone Number	312-332-5401

1	2	3	4	5	6	7	8	9	10			Through 2013			Policies Issued in		;
										11	Incurred		14	15	Incurred	l Claims	18
											12	13			16	17	1
		Standardized															1
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Character-		Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
v	NO BOL A IN			0004000	04/44/4000				OFLITIO MED OURD							0.0	ا ا
Yes	MS POL A-IN	A	No	0034000	01/14/1993				CELTIC MED SUPP	0	J0	0.0	0	0	J0	0.0	I0
												0.0				0.0	[
Yes	MS POL D-IN	D	No.	0034000	01/14/1993				CELTIC MED SUPP	3.173	4.635	146.1	1	0	0	0.0	0
Yes	MS POL D-IN MS POL F-IN	F	No.	0034000	01/14/1993 01/14/1993				CELTIC MED SUPP CELTIC MED SUPP	3,173 57,487	4,635 26,363	45.9	10	0	0	0.0	0
	OTAL EXPERIENC	CE ON INDIV	DUAL POLICIES		•					60,660	30,998	51.1	11	0	0	0.0	0
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0299999 T	OTAL EXPERIENCE	CE ON GROU	JP POLICIES							0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
 - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744.



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016 (To Be Filed by March 1)

FOR THE STATE OF Tennessee		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601		
Person Completing This Exhibit David J. Burke		
Title Controller	Telephone Number	312_332_5/01

1	2	3	4	5	6	7	8	9	10			Through 2013			Policies Issued in		;
										11	Incurred		14	15	Incurred	Claims	18
											12	13			16	17	1
		Standardized		Diam		Data	D-4-					Danasat of	No. and an af			Dansant of	Normalis and
Compliance	Policy Form	Medicare Supplement	Medicare	Plan Character-	Date	Date Approval	Date Last	Date	Policy Marketing Trade	Premiums		Percent of Premiums	Number of Covered	Premiums		Percent of Premiums	Number of Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
With OBIG	Hamboi	Benefit i ian	Coloct	101.00	7.10010400	Withdrawii	7 unionada	Ciocca	ranio	Lamou	7 tillount	Lamou	LIVOO	Lamou	741104110	Lamou	LIVOO
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Yes	MS POL C-IN		No	. 0034000	02/12/1993				CELTIC MED SUPP			0.0 0.0		ł	ļ	0.0 0.0	ļ
İ			INO	. 0034000						0	0	0.0	J	⁰		0.0	[·····································
Yes	MS POL F-INMS POL I-IN	F	No	. 0030000	06/03/1992 06/06/1992				CELTIC MED SUPP CELTIC MED SUPP	14,726	4,487	30.5	3	0	0	0.0	0
			No		06/06/1992				CELTIC MED SUPP	0	0	0.0	0	0	0	0.0	0
0199999 T	OTAL EXPERIEN	CE ON INDIVI	DUAL POLICIES	; -					T	14,726	4,487	30.5	3	0	0	0.0	0
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0299999 T	OTAL EXPERIEN	CE ON GROU	P POLICIES							0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
 - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744 ...



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016 (To Be Filed by March 1)

FOR THE STATE OF Texas		
IAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601		
Person Completing This Exhibit David J. Burke		
Title Controller	Telephone Number	312-332-5401

1	2	3	4	5	6	7	8	9	10		Policies Issued	Through 2013			Policies Issued in	2014, 2015, 2016	3
										11	Incurred	l Claims	14	15	Incurred	d Claims	18
											12	13			16	17	
		Standardized															
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
Yes	MS POL A-IN	A	No	. 0034060	05/14/1992 05/14/1992 04/26/1993 11/15/1994	11/23/2005	11/30/2010	12/31/2010	CELTIC MED SUPP	3,689	578	15.7	1	0	0	0.0	
Yes	MS POL B-IN	В	No	0034060	05/14/1992				CELTIC MED SUPP	0	0	0.0	0	0	0	0.0	
Yes	MS POL C-IN	<u>C</u>	NoNoNo	0034060 0034060	04/26/1993			·····	CELTIC MED SUPP	5,759	380	6.6	ļ <u>1</u>	0]0	0.0	
Yes	MS POL D-IN MS POL F-IN	J	NONONONO	0034060	11/15/1994				CELTIC MED SUPP	205,919	124 504	0.0 60.5	0	J	ļ	0.0	
YesYes	MS POL I-IN	Г	NO No	0034060	05/14/1992				CELTIC MED SUPP	18,622	124,504	42.7	42	J	ļ	0.0	
					03/14/1992				CELITO WED SUFF	233.989	133.409	57.0		0	0	0.0	
0199999 1	OTAL EXPERIENC	JE ON INDIVII	DUAL POLICIES	· · ·						233,989	133,409	57.0	4/	U	U	0.0	
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0299999 T	OTAL EXPERIENCE	CE ON GROU	P POLICIES							0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744

 - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744.



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016 (To Be Filed by March 1)

FOR THE STATE OF Utah		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601		
Person Completing This Exhibit David J. Burke		
Title Controller	Telephone Number	312-332-5401

1	2	3	4	5	6	7	8	9	10		Policies Issued					2014, 2015, 2016	3
										11	Incurred	Claims	14	15	Incurred	d Claims	18
											12	13			16	17	1
		Standardized															1
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement		Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums	l	Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
												0.0				0.0	1
												0.0				0.0	
Yes	MS POL C-IN		No	0034000	02/03/1993			· · · · · · · · · · · · · · · · · · ·	CELTIC MED SUPP	0	0	0.0	0	0	0	0.0	0
l				Jl								0.0				0.0	
	MS POL F-IN	F	No	0034000	04/06/1992				CELTIC MED SUP.	8,978	6,909	770	2	0	0	0.0	0
0199999 T	OTAL EXPERIENC	CE ON INDIVI	DUAL POLICIES							8,978	6,909	77.0	2	0	0	0.0	0
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0299999 T	OTAL EXPERIENC	CE ON GROU	PPOLICIES						•	0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744

 - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744 ...



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016 (To Be Filed by March 1)

FOR THE STATE OF Vermont		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601		
Person Completing This Exhibit David J. Burke		
Title Controller	Talanhana Number	242 222 5404

1	2	3	4	5	6	7	8	9	10		Policies Issued					2014, 2015, 2016	3
										11	Incurred		14	15		l Claims	18
											12	13			16	17	
		Standardized															
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
					- ' '												
					· · · · · · · · · · · · · · · · · · ·							0.0				0.0	
							ļ					0.0				0.0	
Yes	MS POL C-IN MS POL D-IN		No	0034000	10/06/1992 10/06/1992				CELTIC MED SUPP CELTIC MED SUPP	16,860	19,945	118.3	6	0	0	0.0	0
		J	No		10/06/1992				CELTIC MED SUPP	4,044	788	19.5	2	0	0	0.0	0
0199999 T	OTAL EXPERIEN	CE ON INDIVI	DUAL POLICIES	<u> </u>						20,904	20,733	99.2	8	0	0	0.0	0
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0299999 T	OTAL EXPERIEN	CE ON GROU	P POLICIES	-						0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744 .
 - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744.



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016 (To Be Filed by March 1)

FOR THE STATE OF Virginia		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601		
Person Completing This Exhibit David J. Burke		
Title Controller	Telephone Number	312-332-5401

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013				Policies Issued in 2014, 2015, 2016			
										11	Incurred	Claims	14	15	Incurred	Claims	18
											12	13			16	17	1
		Standardized															1
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
	NO BOL A IN			0004000	07/40/4000				OFLITIO MED OURD	0.004	0.000	444.0				0.0	
Yes	MS POL A-IN	A	No	. 0034000	07/12/1992			·····	CELTIC MED SUPP	2,681	2,998	111.8	2	J0	J0		ļ0 ļ
		t						·				0.0				0.0	
Yes	MS POL D - IN	D	No	0034000	07/12/1992			······	CELTIC MED SUP	16,437	19,037	115.8	6	0	1	0.0	0
Yes	MS POL D - IN MS POL F-IN	F	No	. 0034000 0034000	07/12/1992				CELTIC MED SUP	64,406	34,913		6 20	0	0	0.0	0
Yes	MS POL I-IN		No	0034000	07/12/1992 07/12/1992 07/12/1992				CELTIC MED SUPP	13,394	(222)	(1.7)	3	0	0	0.0	0
0199999 T	OTAL EXPERIEN	CE ON INDIVID	DUAL POLICIES	;						96,918	56,726	58.5	31	0	0	0.0	0
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0299999 T	OTAL EXPERIEN	CE ON GROUP	POLICIES							0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744

 - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744 ...
- 4. Explain any policies identified above as policy type "O"

3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016 (To Be Filed by March 1)

FOR THE STATE OF Washington		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601	· ·	
Person Completing This Exhibit David J. Burke		
Title Controller	Telephone Number	312-332-5401

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013 Policies Issued in 2014, 2015,					2014, 2015, 2016	ĵ	
										11	Incurred	d Claims	14	15	Incurred	l Claims	18
											12	13	1		16	17	1
		Standardized															1
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Supplement Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
					<u> </u>												
0199999 T	OTAL EXPERIENCE	CE ON INDIVI	DUAL POLICIES		•	•				0	0	0.0	0	0	0	0.0	0
																	
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0299999 T	OTAL EXPERIENCE	CE ON GROU	IP POLICIES							0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744 .
 - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744.



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016 (To Be Filed by March 1)

FOR THE STATE OF West Virginia		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601	· ·	
Person Completing This Exhibit David J. Burke		
Title Controller	Telephone Number	312-332-5401

1 1	2	3	4	5	6	7	8	9	10					in 2014, 2015, 2016			
										11 Incurred Claims 14			15	Incurred	d Claims	18	
											12	13			16	17	1 1
		Standardized															1
		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance		Supplement		Character-		Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
												0.0				0.0	
Yes	MS POL B-IN	B	No	0034000	02/09/1993			· · · · · · · · · · · · · · · · · · ·	CELTIC MED SUPP.	5,791	6,618	114.3	2	0	1	0.0	0
Yes	MS POL C-IN	C	No.	0034000	02/09/1993				CELTIC MED SUPP	7,326	3,611	49.3	2	0	0	0.0	0
											Í	0.0				0.0	
	MS POL F-IN	F	No	0034000	02/09/1993				CELTIC MED SUP.	12,024	2,790	23.2	3	0	0	0.0	0
0199999 T	OTAL EXPERIENC	CE ON INDIVI	DUAL POLICIES							25,141	13,019	51.8	7	0	0	0.0	0
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0200000	OTAL EVDEDIEN		D DOLICIES							^	0	0.0	^	^	0	^ ^	^
0299999 T	OTAL EXPERIENC	JE ON GROU	P POLICIES							0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
 - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744 ...
 - 3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
- 4. Explain any policies identified above as policy type "O"



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016 (To Be Filed by March 1)

FOR THE STATE OF Wisconsin		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601	· ·	
Person Completing This Exhibit David J. Burke		
Title Controller	Telephone Number	312-332-5401

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2013 Policies Issued in 2014, 2015, 2016						ĵ	
1										11	Incurred		14	15	Incurred		18
1 1											12	13			16	17	1
1		Standardized															1
1		Medicare		Plan		Date	Date					Percent of	Number of			Percent of	Number of
Compliance	Policy Form	Supplement	Medicare	Character-	Date	Approval	Last	Date	Policy Marketing Trade	Premiums		Premiums	Covered	Premiums		Premiums	Covered
with OBRA	Number	Supplement Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Policy Marketing Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
0199999 To	OTAL EXPERIENC	CE ON INDIVI	DUAL POLICIES							0	0	0.0	0	0	0	0.0	0
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			İ	1	İ	<u> </u>		•		•	†	1					
0299999 To	OTAL EXPERIENC	CE ON GROU	IP POLICIES	1	T	T		•		0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
 - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744.



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016 (To Be Filed by March 1)

FOR THE STATE OF Wyoming		
NAIC Group Code 1295	NAIC Company Code	80799
Address (City, State and Zip Code) Chicago, IL 60601		
Person Completing This Exhibit David J. Burke		
Title Controller	Telephone Number	312-332-5401

1	2	3	4	5	6	7	8	9	10		Policies Issued				Policies Issued in 2014, 2015, 2016			
										11	1 Incurred Claims 14			15	Incurred	l Claims	18	
											12	13			16	17	1	
		Standardized		DI.		D.1.	D.1.					D	N I			D	l	
Compliance	Policy Form	Medicare	Medicare	Plan Character-	Date	Date	Date Last	Date	Policy Marketing Trade	Premiums		Percent of Premiums	Number of Covered	Premiums		Percent of Premiums	Number of Covered	
with OBRA	Number	Supplement Benefit Plan	Select	istics	Approved	Approval Withdrawn	Amended	Closed	Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives	
WILLIODICA	Number	Deficile Flair	Ociect	131103	Approved	Withdrawii	Amended	Closed	Name	Lameu	Amount	Lameu	LIVES	Lamed	Amount	Lamed	LIVES	
		ļ										0.0				0.0		
V	MS POL C-IN				08/03/1993				CELTIC MED CUDD			0.0				0.0 0.0		
Yes	MS PUL C-IN		No	. 0034000	08/03/1993		·····		CELTIC MED SUPP	0	0	0.0		J0	0	0.0	I	
Yes	MS POL F-IN	F	No	0034000	12/01/1992				CELTIC MED SUPP	12 , 125	3,859	31.8	2	0	0	0.0	0	
	OTAL EXPERIEN	CE ON INDIVI	DUAL POLICIES							12,125	3,859	31.8	2	0	0	0.0	0	
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		†		1	-												[
0299999 T	OTAL EXPERIEN	CE ON GROU	P POLICIES				•			0	0	0.0	0	0	0	0.0	0	

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state 2.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744

 - 2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - 3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744.

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LIFE SUPPLEMENTS

For The Year Ended December 31, 2016

(To Be Filed By March 1)

EXHIBIT 5 - AGGREGATE RESERVE FOR LIFE CONTRACTS

	<u> </u>	<u> </u>	<u> </u>	<u> </u>	
1	2	3	4	5	6
				0 "	
Valuation Standard	Total	Industrial	Ordinary	Credit (Group and Individual)	Group
LIFE INSURANCE:	Total	maastiai	Ordinary	(Group and marviadar)	Стоир
0100001. 80 CSO 4.5% CRVM CNF	353 , 168		353,168		
0100002. 80 CSO 4.0% CNF	57		57		
0100003			19 .58,840		
0199997. Totals (Gross)	412,084	0	412.084	0	
0199998. Reinsurance ceded	412,084	U	412,084	U	· ·
0199999. Totals (Net)	412,004	0	412,004	0	(
ANNUITIES (excluding supplementary contracts with life	0	U	0	U	l
contingencies):					
	3.376.797	xxx	3,376,797	XXX	
	619,452	XXX	619,452	XXX	•
0299997. Totals (Gross)	3,996,249	XXX	3,996,249	XXX	(
0299998. Reinsurance ceded	0,000,210	XXX	0,000,210	XXX	
0299999. Totals (Net)	3,996,249	XXX	3,996,249	XXX	(
SUPPLEMENTARY CONTRACTS WITH LIFE	3,330,243	////	3,330,243	7///	
CONTINGENCIES:					
0399997. Totals (Gross)	0	0	0	0	(
0399998. Reinsurance ceded	0	0	0	0	
0399999. Totals (Net)	0	0	0	0	(
ACCIDENTAL DEATH BENEFITS:	0	0	0	U	
0499997. Totals (Gross)	0	0	0	0	(
0499998. Reinsurance ceded	0	U	U	U	· ·
	0	0	0	0	(
0499999. Totals (Net) DISABILITY-ACTIVE LIVES:	0	U	U	U	l
0500001. 52 DIS STUDY -PER 2 WITH 80 CSO 4% NB.	639		639		
0599997. Totals (Gross)	639	0	639	0	(
0599998. Reinsurance ceded	639	0	639	U	
0599999. Totals (Net)	000	0	000	0	(
DISABILITY-DISABLED LIVES:	0	U	0	0	·
0699997. Totals (Gross)	0	0	0	0	(
0699998. Reinsurance ceded	0	U	U	U	·
0699999. Totals (Net)	0	0	0	0	(
MISCELLANEOUS RESERVES:	0	U	U	U	· ·
For surrender values in excess of reserves					
	15,997		15,997		
'					
0709997 Totals (Gross)	15 007	0	15.007		
0799997. Totals (Gross)	15,997	0	15,997	0	
0799997. Totals (Gross) 0799998. Reinsurance ceded 0799999. Totals (Net)	15,997 0 15,997	0	15,997 15,997	0	



EXHIBIT 5 - INTERROGATORIES

	Has the reporting entity ever issued both participating and non-participating contracts?	Yes	S []	No [Х]
2.1 2.2	Does the reporting entity at present issue both participating and non-participating contracts? If not, state which kind is issued.	Yes	3 []	No [Х]
3.	Does the reporting entity at present issue or have in force contracts that contain non-guaranteed elements?	Yes	s [X]	No []
4.	Has the reporting entity any assessment or stipulated premium contracts in force?	Yes] 8	1	No [X]
	If so, state:					
	Amount of insurance?\$					
4.2	Amount of reserve?					
4.3	Basis of reserve:					
4.4	Basis of regular assessments:					
4.5	Basis of special assessments:					
4.6	Assessments collected during the year: \$					
5.	If the contract loan interest rate guaranteed in any one or more of its currently issued contracts is less than 5%, not in advance, state the contract loan rate guarantees on any such contracts.					
6.	Does the reporting entity hold reserves for any annuity contracts that are less than the reserves that would be held on a standard basis?	Yes	s []	No [Х]
6.1	If so, state the amount or reserve on such contracts on the basis actually held:					
6.2	That would have been held (on an exact or approximate basis) using the actual ages of the annuitants; the interest rate(s) used in 6.1; and the same mortality basis used by the reporting entity for the valuation of comparable annuity benefits issued to standard lives. If the reporting entity has no comparable annuity benefits for standard lives to be valued, the mortality basis shall be the table most recently approved by the state of domicile for valuing individual annuity benefits:\$					
7.	Does the reporting entity have any Synthetic GIC contracts, or agreements in effect as of December 31 of the current					
	year?	Yes	S []	No [Χ]
7.1	If yes, state the total dollar amount of assets covered by these contracts or agreements?					
7.2	Specify the basis (fair value, amortized cost, etc.) for determining the amount:					
7.3	State the amount of reserves established for this business: \$					
7.4	Identify where the reserves are reported in the blank:					
8.	Does the reporting entity have any Contingent Deferred Annuity contracts or agreements in effect as of December 31 of the current year?	Yes	s []	No [Хј
8.1	If yes, state the total dollar amount of account value covered by these contracts or agreements:					
8.2	State the amount of reserves established for this business:					
8.3	Identify where the reserves are reported in the blank:					
9.	Does the reporting entity have any Guaranteed Lifetime Income Benefit contracts, agreements or riders in effect as of December 31 of the current year?		s [-		
9.1	If yes, state the total dollar amount of any account value associated with these contracts, agreements or riders\$					
	State the amount of reserves established for this business: \$					
9.3	Identify where the reserves are reported in the blank:					

SUPPLEMENT FOR THE YEAR ANNUAL STATEMENT FOR THE YEAR 2016 OF THE CELTIC INSURANCE COMPANY

EXHIBIT 7 – DEPOSIT-TYPE CONTRACTS

		1 Total	2 Guaranteed Interest Contracts	3 Annuities Certain	4 Supplemental Contracts	5 Dividend Accumulations or Refunds	6 Premium and Other Deposit Funds
1.	Balance at the beginning of the year before reinsurance		001111111111111111111111111111111111111	7 a manage Contain	33.11.43.12	110101100	
2.	Deposits received during the year						
3.	Investment earnings credited to the account	0					
4.	Other net change in reserves	0					
5.	Fees and other charges assessed	0					
6.	Surrender charges	0	\bigcap				
7.	Surrender charges Net surrender or withdrawal payments	0	$\bigcup I \setminus$				
8.	Other net transfers to or (from) Separate Accounts	0					
9.	Balance at the end of current year before reinsurance (Lines 1+2+3+4-5-6-7-8)	0	0	0	0	0	0
10.	Reinsurance balance at the beginning of the year	0					
11.	Net change in reinsurance assumed	0					
12.	Net change in reinsurance ceded	0					
13.	Reinsurance balance at the end of the year (Lines 10+11-12)	0	0	0	0	0	0
14.	Net balance at the end of current year after reinsurance (Lines 9 + 13)	0	0	0	0	0	0

SUPPLEMENT FOR THE YEAR 2016 OF THE CELTIC INSURANCE COMPANY

SCHEDULE S - PART 1 - SECTION 1

Reinsurance Assumed Life Insurance, Annuities, Deposit Funds and Other Liabilities

			Without Life or Disa	bility Contingencies, and Related Benefits Listed b	y Reinsured Comp	any as of December 3	1, Current Year				
1 NAIC	2	3	4	5	6 Type of	7	8	9	10 Reinsurance	11 Modified Coinsurance	12
Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Assumed	Amount of In Force at End of Year	Reserve	Premiums	Payable on Paid and Unpaid Losses	Reserve	Funds Withheld Under Coinsurance
General Acco	unt – Non-Affili	ates - U.S. Non-A	ffiliates	•	'	· · · · · ·			<u> </u>		•
67814	06-0493340	12/01/1976	PHOENIX LIFE INS CO	NY	ACO/I		475,105				
80926	06-0893662	12/01/1970	SUN LIFE & HLTH INS CO.	CT	AC0/I		228,764				
			iliates - U.S. Non-Affiliates			0	703,869	(,	0	
			iliates - Total Non-Affiliates			0	703,869	(0	0	
1199999 -	Total II C (Cum	Account - Total G	99, 1499999 and 1999999)			0	703,869 703,869	() 0	0	Ů
2399999 -	TOTAL U.S. (SUIII	U 0399999, 00999	99, 1439999 and 1999999)	T		0	703,009) 0	U	0
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9999999	Totals					0	703,869	(0	0	0

SUPPLEMENT FOR THE YEAR 2016 OF THE CELTIC INSURANCE COMPANY

SCHEDULE S - PART 3 - SECTION 1

Reinsurance Ceded Life Insurance, Annuities, Deposit Funds and Other Liabilities without Life or Disability Contingencies, and Related Benefits Listed by Reinsuring Company as of December 31, Current Year

			surance Ceded Life Insurance, Annuities, D	eposit Funds and (thout Life or Disar								
1	2	3	4	5	_ 6	7	8	Reserve Cre		11		Surplus Relief	14	15
NAIC					Type of	Type of		9	10		12	13	Modified	Funds Withheld
Company		Effective		Domiciliary	Reinsurance	Business	Amount in Force		5			5	Coinsurance	Under
Code	Number	Date	Name of Company	Jurisdiction	Ceded	Ceded	at End of Year	Current Year	Prior Year	Premiums	Current Year	Prior Year	Reserve	Coinsurance
			es - U.S. Non-Affiliates	I 14	00//		0.045.000	440.004	477 OOF I	75 404				
61689 61689	42-0175020 42-0175020	01/01/1996	ATHENE ANN & LIFE CO	IAIA		JUL	8,615,000 1,849,852	412,084	477,235 615	75,464				
69276	48-1024691	01/01/1990	EMPLOYERS REASSUR CORP.	KS	COFW/I	1OL	1,049,002		010				3.996.249	1.346.146
68276 82627	06-0839705	10/10/1981	SWISS RE LIFE & HLTH AMER INC.	MO	OTH/I	01	11,250			.215				1,340,140
			Non-Affiliates - U.S. Non-Affiliates				10,476,102	412,723	477,850	75,679	0	0	3,996,249	1,346,146
			Non-Affiliates - Total Authorized Non-Affiliates				10,476,102	412,723	477 .850	75,679	0	0		
			Total General Account Authorized				10,476,102	412,723	477 .850	75,679	0	0	3,996,249	
			Account Authorized, Unauthorized and Certified				10,476,102	412,723	477,850	75,679	0	0	-,,	
			9999. 1499999. 1999999. 2599999. 3099999. 379999	9. 4299999. 4899999.	5399999 . 5999999 and	d 6499999)	10,476,102	412.723	477 .850	75,679	0	0		
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9999999	Totals					•	10,476,102	412,723	477,850	75,679	0	0	3,996,249	1,346,146



DIRECT BUSINESS IN THE STATE OF Alabama

DURING THE YEAR 2016

A10 0	120E	LIFE	INSURANC	F	NAIGO	0.700
AIC Gr	oup Code 1295	1	2	3	NAIC Company C	ode 80799 5
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. I	Life insurance	2,573				2.5
	Annuity considerations					
3 1	Deposit-type contract funds		XXX		XXX	
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Totals (Sum of Lines 1 to 4)	2.573	0	0	0	2,5
	DIRECT DIVIDENDS TO POLICYHOLDERS	2,0.0	<u> </u>			
	Life insurance:					
	6.1 Paid in cash or left on deposit					
	6.2 Applied to pay renewal premiums					
	6.3 Applied to provide paid-up additions or shorten the					
,	endowment or premium paying period					
,	6.4 Other					
	6.5 Totals (sum of Lines 6.1 to 6.4)	Λ	·····	Λ	0	
	Annuities:			u	l	
	7.1 Paid in cash or left on deposit			ı		
	7.2 Applied to provide paid-up annuities					
	7.3 Other	0	ļ			
	7.4 Totals (sum of Lines 7.1 to 7.3)	U	الرياسي المستقدمة المستقدمة المستقدمة المستقدمة المستقدمة المستقدمة المستقدمة المستقدمة المستقدمة المستقدمة ا	J	h	
8. (Grand Totals (Lines 6.5 + 7.4)	Ü	U	0	0	
	DIRECT CLAIMS AND BENEFITS PAID					
	Death benefits					
10. I	Matured endowments					
11. /	Annuity benefits	20,000				20 , (
	Surrender values and withdrawals for life contracts					
13. /	Aggregate write-ins for miscellaneous direct claims and					
ŀ	benefits paid	0	0	0	0	
15.		20,000	0	0	0	20,0
Ī	DETAILS OF WRITE-INS					
301						
302						
303						
398.	Summary of remaining write-ins for Line 13 from overflow					
	page	0	0	0	0	
399 -	Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	

	0	rdinary		edit Life ind Individual)	(Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	, No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year17. Incurred during current	0	0	0	0	0	0	0	0	0	0
year Settled during current									0	0
year: 18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid 18.4 Reduction by compromise				0	0	0		0	0	0
18.5 Amount rejected									0	0
18.6 Total settlements	ا ۵	0	۵	0	٥	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)						
prior year				0	0	0	0	0	16	435,000
21. Issued during year									0	0
22. Other changes to in force										
(Net)	(1)	[(40,000)							(1)	(40,000)
23. In force December 31	4.5			(a)					45	005 000
of current year (a) Includes Individual Credit I	15		0	0	rrent vear \$	0	0	0	15	395,000

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

ACCIDE	INI AND HE	ALIHINS	JNANCE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.3 Collectively renewable policies (b)					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.1 Non-cancelable (b)	160 , 141	160,598		63,328	62,089
25.3 Non-renewable for stated reasons only (b)					
25.3 Non-renewable for stated reasons only (b)					
25.5 All other (b)					
25.5 All other (b)	160 , 141	160,598	0	63,328	62,089
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	160.141	160.598	0	63.328	62.089



DIRECT BUSINESS IN THE STATE OF Alaska

DURING THE YEAR 2016

NAIC (Group Code 1295	LIFE	INSURANC	Ε	NAIC Company	Code 80799
		1	2	3	4	5
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1.	Life the second	o. a.ma. y	and marriadal)	0.000	ddot.idi	0
	Annuity considerations					0
3.	Deposit-type contract funds		ХХХ		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	0
	DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance: 6.1 Paid in cash or left on deposit					0
	6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period 6.4 Other					0
	6.5 Totals (sum of Lines 6.1 to 6.4) Annuities: 7.1 Paid in cash or left on deposit	0	0	0	0	0
	7.2 Applied to provide paid-up annuities 7.3 Other 7.4 Totals (sum of Lines 7.1 to 7.3)				0	0
۵	Grand Totals (Lines 6.5 + 7.4)					
	DIRECT CLAIMS AND BENEFITS PAID	0	0	0	0	0
a						0
						0
						0
	_ *					0
	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
	All other benefits, except accident and health					0
15.	Totals	U	0	0	0	U
4004	DETAILS OF WRITE-INS					
1302.						
	Summary of remaining write-ins for Line 13 from overflow	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0 [0
	,	-				-

	Oı	rdinary		edit Life and Individual)	(Group	Inc	dustrial		Total
i i	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year17. Incurred during current	0	0	0	0	0	0	0	0	0	0
year									0	0
Settled during current year: 18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid 18.4 Reduction by compromise				0	0	0	0	0	0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	۵	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	0	(a) 0	0	0	0	0	0	0
21. Issued during year									0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3 Dividends Paid or	4	5
	Direct Premiums	Direct Premiums Earned	Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
Other Individual Policies:					
25.1 Non-cancelable (b)	3 808	3 808	0	888	857
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	3,898	3,898	0	888	857
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,898	3,898	0	888	857



DIRECT BUSINESS IN THE STATE OF Arizona

DURING THE YEAR 2016

C Group Code 1295	LIFE	INSURANC	L	NAIC Company C	ode 80799
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
Life insurance	740				
Deposit-type contract funds		XXX		XXX	
4. Other considerations	7.40				
5. Totals (Sum of Lines 1 to 4)	740	0	0	0	
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					
6.4 Other					
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	
Annuities:					
7.1 Paid in cash or left on deposit		L			
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (sum of Lines 7.1 to 7.3)		0	0	0	
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
Matured endowments					
Annuity benefits					
Surrender values and withdrawals for life contracts					
Aggregate write-ins for miscellaneous direct claims and					
benefits paid	0	0	0	0	
4. All other benefits, except accident and health					
5. Totals	0	0	0	0	
DETAILS OF WRITE-INS					
1					
2					
3					
98. Summary of remaining write-ins for Line 13 from overflow					
page	0	0	0	0 	
99. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	

	0	rdinary		edit Life and Individual)	(Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,	-						-			
prior year17. Incurred during current	0	0	0	0	0	0	0	0	0	0
year Settled during current year:									0	0
18.1 By payment in full 18.2 By payment on										0
compromised claims . 18.3 Totals paid 18.4 Reduction by	0	0	0	0	0	0	0	0	0 0	0
compromise 18.5 Amount rejected									0 0	0
18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16+17-	0	0	0	0	0	0	0	0	0 	0
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year				(a) 0	0	0	0	0	2	70,000
21. Issued during year									0	0
23. In force December 31 of current year (a) Includes Individual Credit L	2	70,000	0	(a) 0	0	0	0	0	2	70,000

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

ACCIDE	INI AND HE	ALIH INS	JRANCE		
	1	2	3 Dividends Paid or	4	5
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.3 Collectively renewable policies (b)					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.1 Non-cancelable (b)	16,969	16,967		9,738	9,458
25.3 Non-renewable for stated reasons only (b)					
25.3 Non-renewable for stated reasons only (b)					
25.5 All other (b)					
25.5 All other (b)	16,969	16,967	0	9,738	9,458
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	16.969	16.967	1 0	9.738	9.458

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products indemnity only products _______3 and number of persons insured under



DIRECT BUSINESS IN THE STATE OF Arkansas

DURING THE YEAR 2016

AIC Group Code 1295	LIFE INSURANCE NAIC Company Code 8079							
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5			
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total			
Life insurance	3,872				3,8			
Annuity considerations								
Deposit-type contract funds		XXX		XXX				
5. Totals (Sum of Lines 1 to 4)	3,872	0	0	0	3,8			
DIRECT DIVIDENDS TO POLICYHOLDERS								
Life insurance:								
6.1 Paid in cash or left on deposit								
6.2 Applied to pay renewal premiums								
6.3 Applied to provide paid-up additions or shorten the								
endowment or premium paying period								
6.4 Other								
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0				
Annuities:								
7.1 Paid in cash or left on deposit								
7.1 Applied to provide paid-up annuities								
7.3 Other								
7.4 Totals (sum of Lines 7.1 to 7.3)	Λ	0	Λ	0				
8. Grand Totals (Lines 6.5 + 7.4)		0	n					
DIRECT CLAIMS AND BENEFITS PAID	U	U	0	0				
Death benefits								
10. Matured endowments	24 000							
11. Annuity benefits	24 , 000				24 , (
12. Surrender values and withdrawals for life contracts								
Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0		0				
benefits paid	U	U	U	U				
14. All other benefits, except accident and health					04./			
15. Totals	24,000	0	0	0	24,0			
DETAILS OF WRITE-INS								
01								
02.								
398. Summary of remaining write-ins for Line 13 from overflow								
page	0	0	0	0				
399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0				

	O	rdinary	Credit Life (Group and Individual)		(Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,					0.011101					
prior year17. Incurred during current	0	0	0	0	0	0	0	0	0	0
year Settled during current year: 18.1 By payment in full									u	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid 18.4 Reduction by compromise						0	0	0	0	0
18.5 Amount rejected		0							0	0
18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16+17-		0	D	0	0	0		0	U	0
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT 20. In force December 31,				(2)	No. of Policies					
prior year			0	0	0	0	0	0	1	50,000
21. Issued during year									0	0
23. In force December 31 of current year (a) Includes Individual Credit L	1	50,000	0	(a) 0	0 rent vear \$	0	0	0	1	50,000

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

ACCIDE	INI AND HE	ALIIIIII	JIVANCE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24. Group policies (b) 24.1 Federal Employees Health Benefits Plan premium (b) 24.2 Credit (Group and Individual).					
Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)	201,518,745	201,518,745	0	135,968,418	159,524,538
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b)	201,518,745	201,518,745	0	135,968,418	159,524,538
26. Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	201.518.745	201.518.745	1 0	135.968.418	159.524.538



DIRECT BUSINESS IN THE STATE OF California

DURING THE YEAR 2016

AIC Group Code 1295	LIFE INSURANCE NAIC Company Code							
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5			
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total			
Life insurance								
Annuity considerations								
Deposit-type contract funds		LXXX		XXX				
Other considerations								
5. Totals (Sum of Lines 1 to 4)	0	0	0	0				
DIRECT DIVIDENDS TO POLICYHOLDERS								
Life insurance:								
6.1 Paid in cash or left on deposit								
6.2 Applied to pay renewal premiums								
6.3 Applied to provide paid-up additions or shorten the								
endowment or premium paying period								
6.4 Other								
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0				
Annuities:								
7.1 Paid in cash or left on deposit								
7.2 Applied to provide paid-up annuities								
7.3 Other								
7.4 Totals (sum of Lines 7.1 to 7.3)	0	ļ0 <u> </u>	0	0				
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0				
DIRECT CLAIMS AND BENEFITS PAID								
Death benefits								
10. Matured endowments								
11. Annuity benefits	145,050				145,0			
12. Surrender values and withdrawals for life contracts								
13. Aggregate write-ins for miscellaneous direct claims and								
benefits paid	0	J0 J	0	0				
14. All other benefits, except accident and health								
15. Totals	145,050	0	0	0	145,0			
DETAILS OF WRITE-INS								
301								
302								
303								
398. Summary of remaining write-ins for Line 13 from overflow								
page	0	ļ0 ļ	0	0				
399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0				

	O	rdinary	Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	, No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year 17. Incurred during current		0	0	0	0	0	0	0	0	0
year Settled during current									0	0
year: 18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid 18.4 Reduction by compromise		0	ι			0	U	0		
18.5 Amount rejected									0	0
	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17-18.6)	0	0	0	0	0		0		0	0
18.6)	0	U	0	U	No. of	0	0	0	0	0
POLICY EXHIBIT 20. In force December 31.				(a)	Policies					
prior year	0	0	0	0	0	0	0	0	0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0
(a) Includes Individual Credit L	ife Insurance	e: prior year \$		cui	rrent year \$					
Includes Group Credit Life								rent year \$		
Loans greater than 60 mon	ths at issue	BUT NOT GREA	TER THAN 1	20 MONTHS, pric	or year \$		current	t year \$		-

ACCIDENT AND HEALTH INSURANCE

ACCIDE	INI AND HE	ALIIIIII	JIVANCE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24. Group policies (b) 24.1 Federal Employees Health Benefits Plan premium (b) 24.2 Credit (Group and Individual) 24.3 Credit (Group and Individual)					
24.2 Credit (Group and Individual) 24.3 Collectively renewable policies (b) 24.4 Medicare Title XVIII exempt from state taxes or fees					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.1 Non-cancelable (b)	13,916	14 , 110		6,011	4,856
25.3 Non-renewable for stated reasons only (b)					
25.3 Non-renewable for stated reasons only (b)					
25.5 All other (b)					
25.5 All other (b)	13,916	14,110	0	6,011	4,856
26. Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	13.916	14.110	0	6.011	4.856



DIRECT BUSINESS IN THE STATE OF Colorado

DURING THE YEAR 2016

C Group Code 1295		INSURANCI		NAIC Company Code 80799			
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5		
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total		
Life insurance	87						
2. Annuity considerations							
Deposit-type contract funds		XXX		XXX			
· · · · · · · · · · · · · · · · · · ·							
5. Totals (Sum of Lines 1 to 4)	87	0	0	0			
DIRECT DIVIDENDS TO POLICYHOLDERS							
Life insurance:							
6.1 Paid in cash or left on deposit							
6.2 Applied to pay renewal premiums							
6.3 Applied to provide paid-up additions or shorten the							
endowment or premium paying period							
6.4 Other							
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0			
Annuities:							
7.1 Paid in cash or left on deposit							
7.2 Applied to provide paid-up annuities							
7.3 Other							
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0			
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0			
DIRECT CLAIMS AND BENEFITS PAID							
9. Death benefits							
Matured endowments							
Annuity benefits							
Aggregate write-ins for miscellaneous direct claims and							
benefits paid	0	0	0	0			
14. All other benefits, except accident and health							
5. Totals	0	0	0	0			
DETAILS OF WRITE-INS							
)1							
02							
03							
98. Summary of remaining write-ins for Line 13 from overflow							
page	0	0 <u></u>	0				
9. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0			

	0	rdinary		edit Life Ind Individual)	,	Group	In	dustrial		Total
	1	2	3	1 (Individual)	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	2 Amount	No. of Ind. Pols. & Gr. Certifs.	4 Amount	No. of Certifs.	Amount	No.	8 Amount	9 No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year										٥
Settled during current year:										
18.1 By payment in full 18.2 By payment on									0	0
compromised claims.									0	0
18.3 Totals paid 18.4 Reduction by compromise		0	l0	0	0	0	0	0	0	0
									0	0
18.6 Total settlements 19. Unpaid Dec. 31, current	0	0	0	0	0	0	0	0	۵	0
year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1	10,000	0	(a) 0	0	0	0	0	1	10,000
21. Issued during year									L0	0
(Net)	(1)	(10,000)							(1)	(10,000)
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

ACCIDE	INI AND HE	ALIIIIII	JIVANCE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	8,252	8,252		1,261	1,338
1.25.3 Non-renewable for stated reasons only (b)			I		
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	8,252	8,252	0	1,261	1,338
26. Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	8.252	8.252	1 0	1.261	1.338



DIRECT BUSINESS IN THE STATE OF Connecticut

DURING THE YEAR 2016

NAIC (Group Code 1295	LIFE	INSURANC	E	NAIC Company	Code 80799
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
<u> </u>	AND ANNUITY CONSIDERATIONS	Ordinary 837	and Individual)	Group	Industrial	Total 837
	Life insurance					031
			XXX		vvv	
4.	Other considerations	837				837
5.	DIRECT DIVIDENDS TO POLICYHOLDERS	037	U	0	0	031
ŀ	Life insurance:					
	6.1 Paid in cash or left on deposit					0
						 1
	6.3 Applied to provide paid-up additions or shorten the					
	endowment or premium paying period					0
i						0
	6.5 Totals (sum of Lines 6.1 to 6.4)		0	0	0	0
İ	Annuities:	······				······
İ	7.1 Paid in cash or left on deposit					0
	7.2 Applied to provide paid-up annuities					0
	7.3 Other					0
	7.4 Totals (sum of Lines 7.1 to 7.3)		L0 L	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits					0
						0
13.	Aggregate write-ins for miscellaneous direct claims and					
	benefits paid	0	ļ0 <u> </u>	0	0	0
	All other benefits, except accident and health					0
15.	Totals	0	0	0	0	0
	DETAILS OF WRITE-INS					
1302.						
1303.						
1398.	Summary of remaining write-ins for Line 13 from overflow	^		_	_	^
1200	page	0	J	J		U
1399.	Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

	0	rdinary		edit Life and Individual)	(Group	Inc	dustrial		Total
1	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,	110.	7 1110 0110	Or. Cortilo.	7 tillount	ouraio.	7 tillount	110.	7 unount	110.	7 1110 0110
prior year17. Incurred during current	0	0	0	0	0	0	0	0	0	0
year Settled during current year:									0	0
18.1 By payment in full 18.2 By payment on										0
compromised claims . 18.3 Totals paid 18.4 Reduction by	0	0	0	0	0	0	0	0	0 0	0
compromise 18.5 Amount rejected									0	0
18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16+17-	0	0	0	0	0	0	0	0	0 	0
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	6	110,000	0	(a) 0	0	0	0	0	6	110,000
21. Issued during year									0	0
23. In force December 31 of current year (a) Includes Individual Credit L	6	110,000	0	(a) 0	0 rrent vear \$	0	0	0	6	110,000

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

ACCIDE	INI AND HE	ALIH INS	JRANCE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b).					
24. Group policies (b) 24.1 Federal Employees Health Benefits Plan premium (b) 24.2 Credit (Group and Individual).					
Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.1 Non-cancelable (b)25.2 Guaranteed renewable (b)	194,972	199,844		139,935	139 ,759
25.3 Non-renewable for stated reasons only (b)					
25.3 Non-renewable for stated reasons only (b)					
25.5 All other (b)					
25.5 All other (b)	194,972	199,844	<u> </u> 0	139,935	139,759
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	194.972	199,844	0	139,935	139,759



DIRECT BUSINESS IN THE STATE OF Delaware

DURING THE YEAR 2016

AIC Group Code 1295		INSURANCI	=	NAIC Company Code 80799			
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total		
Life insurance	282	and marriadary	Огоар	mademan	2		
	202						
Deposit-type contract funds		XXX		ХХХ			
Other considerations							
5. Totals (Sum of Lines 1 to 4)	282	0	0	0	2		
DIRECT DIVIDENDS TO POLICYHOLDERS	202		•				
Life insurance:							
6.1 Paid in cash or left on deposit							
6.2 Applied to pay renewal premiums							
6.3 Applied to provide paid-up additions or shorten the							
endowment or premium paying period							
6.4 Other							
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0			
Annuities:							
7.1 Paid in cash or left on deposit							
7.2 Applied to provide paid-up annuities							
7.3 Other							
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0			
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0			
DIRECT CLAIMS AND BENEFITS PAID	-						
9. Death benefits		İ					
10. Matured endowments							
11. Annuity benefits					10.		
12. Surrender values and withdrawals for life contracts					,		
13 Aggregate write-ins for miscellaneous direct claims and							
benefits paid	0	0	0 L	0 L			
14. All other benefits, except accident and health							
15. Totals	10,000	0	0	0	10,0		
DETAILS OF WRITE-INS	•				,		
01							
02.							
98. Summary of remaining write-ins for Line 13 from overflow							
page	0	0	0	0			
99. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0			

				edit Life						
	O	rdinary	(Group a	nd Individual)	(Group	In	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH			No. of							
BENEFITS AND MATURED			Ind. Pols.							
ENDOWMENTS			&		No. of					
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										
year									0	0
Settled during current										
year:										
18.1 By payment in full									0	0
18.2 By payment on										
compromised claims .									0	0
18.3 Totals paid	0	0	۵	0	0	0	0	0	Ω	0
18.4 Reduction by										
compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	٥	0	0	0	0	0	Ω	0
19. Unpaid Dec. 31, current										
year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	0	0	0
					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31,				(a)						
prior year	2	30,000	0	0	0	0	0	0	2	30,000
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31				(a)						
of current year	2	30,000	0	0	0	0	0	0	2	30,000

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

ACCIDE	.NI AND HE	ALIIIIIO	JIVANCE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.1 Non-cancelable (b)	20 , 436	20,436		27 , 888	30,476
25.3 Non-renewable for stated reasons only (b)					
25.3 Non-renewable for stated reasons only (b)					
25.5 All other (b)					
25.5 All other (b)	20 , 436	20,436	0	27 , 888	30,476
26. Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	20.436	20.436	0	27.888	30.476



DIRECT BUSINESS IN THE STATE OF District of Columbia

DURING THE YEAR 2016

NAIC (Group Code 1295	LIFE	INSURANC	E	NAIC Company Code 80799		
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5	
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total	
1.	Life insurance					0	
2.	Annuity considerations					0	
3.	Deposit-type contract funds		XXX		XXX	0	
	Other considerations					0	
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	0	
	DIRECT DIVIDENDS TO POLICYHOLDERS						
	Life insurance:						
	6.1 Paid in cash or left on deposit					0	
	6.2 Applied to pay renewal premiums					0	
	6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0	
	6.4 Other					0	
	6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0	
	7.1 Paid in cash or left on deposit					0	
	7.2 Applied to provide paid-up annuities					0	
	7.3 Other					0	
	7.4 Totals (sum of Lines 7.1 to 7.3)	0	ļ0 ļ.	0	0	0	
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0	
	DIRECT CLAIMS AND BENEFITS PAID						
	Death benefits					0	
	Matured endowments					0	
	Annuity benefits					0	
						0	
13.	Aggregate write-ins for miscellaneous direct claims and	0			,	0	
١,,	benefits paid			J	U.		
		Λ	0	0	0	U	
15.	Totals DETAILS OF WRITE-INS	U	U	0	U	U	
1201							
1301.			·····				
1302.							
	Summary of remaining write-ins for Line 13 from overflow						
1000.	page	Ο	n	n	n I	0	
1399.	Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0	
		<u> </u>	· ·	<u> </u>	• 1		

	Oı	rdinary		edit Life and Individual)	(Group	Inc	dustrial		Total
DIRECT DEATH BENEFITS AND MATURED	1	2	3 No. of Ind. Pols.	4	5	6	7	8	9	10
ENDOWMENTS INCURRED	No.	Amount	& Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full 18.2 By payment on compromised claims .									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
									0	0
18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16+17-	0	0		0	0	0	0	0	D	0
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	0	(a) 0	0	0	0	0	0	0
									0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

ACCIDE	NI AND IIL	ALIIIIIO	DIVANCE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
1 24. Federal Ellipiovees fiealth benefits Fian premium (p)					L
24.2 Credit (Group and Individual) 24.3 Collectively renewable policies (b)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					(2)
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0]0	0	[(2)
26. Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	1 0	0	1 0	0	I (2)



DIRECT BUSINESS IN THE STATE OF Florida

DURING THE YEAR 2016

AIC Group Code 1295	LIFE	INSURANC	E	NAIC Company C	ode 80799
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1. Life insurance	1,951				1,9
Annuity considerations					
Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	1,951	0	0	0	1,9
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the					
endowment or premium paying period					
6.4 Other					
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	
DIRECT CLAIMS AND BENEFITS PAID		Ů			
9. Death benefits	15 448				15
10. Matured endowments	10, 440				
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and					
benefits paid	0	0	0	0	
14. All other benefits, except accident and health					
15. Totals	15,448	0	0	0	15.
DETAILS OF WRITE-INS	10,110	<u> </u>	<u> </u>	<u> </u>	10,
01.					
002.					
198. Summary of remaining write-ins for Line 13 from overflow					
page	0	n	n	ا ۱	
page	 1	0	0	0	
199. Total (Lines 1901 tillough 1909 + 1980) (Line 19 above)	0	0	0 [0 1	

	0	rdinary		edit Life and Individual)	,	Group	Inc	dustrial		Total
	1	2	3	/ /	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	2 Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	o Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current				***************************************						***************************************
year	1	15.448							1	15,448
Settled during current										,
vear:										
18.1 By payment in full	1	15,448							1	15,448
18.2 By payment on										
compromised claims.									0	0
18.3 Totals paid	1	15,448	۵	0	0	0	Ω	0	L1	15,448
18.4 Reduction by										, ,
compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	15,448	0	0	0	0	0	0	L1	15,448
19. Unpaid Dec. 31, current										, , , , , , , , , , , , , , , , , , ,
year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)						
prior year	8	480,000	0	0	0	0	0	0	8	480,000
21. Issued during year									0	0
22. Other changes to in force										
(Net)	(1)	(15,000)							(1)	(15,000)
23. In force December 31				(a)						
of current year	7	465,000	0	0	0	0	0	0	7	465,000

current year \$ (a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3 Dividends Paid or	4	5
	Direct Premiums	Direct Premiums Earned	Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
1 27.1 I EUCIAI LIIIPIOYEES HEAILH DEHEILS FIAH PICHIUH (D)					
Credit (Group and Individual)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	4,998,586	5,086,784		4,068,816	4,075,284
25.3 Non-renewable for stated reasons only (b)	259,553,304	259,553,304		175,075,118	205,345,099
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b)	264,551,890	264,640,088	0	179 , 143 , 934	209,420,383
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	264,551,890	264,640,088	0	179,143,934	209,420,383



DIRECT BUSINESS IN THE STATE OF Georgia

DURING THE YEAR 2016

C Group Code 1295	1	INSURANCI	3	NAIC Company C	5 Total	
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	Group	Industrial		
Life insurance	636					
Annuity considerations						
		XXX		XXX		
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)	636	0	0 [0 [
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the						
endowment or premium paying period						
6.4 Other						
6.5 Totals (sum of Lines 6.1 to 6.4)	U	0				
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0			
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0		
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits						
Matured endowments						
Annuity benefits						
Surrender values and withdrawals for life contracts.						
3 Aggregate write-ins for miscellaneous direct claims and						
benefits paid	0	0	0	n l		
All other benefits, except accident and health						
5. Totals	0	0	0	0		
DETAILS OF WRITE-INS		•	<u> </u>	<u> </u>		
1						
8. Summary of remaining write-ins for Line 13 from overflow	_	^	_	_		
pagé		ñ I	ň ŀ	ñ		
99. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0		

	O	rdinary		edit Life and Individual)	(Group	Inc	dustrial	-	Total
i i	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED	·	_	No. of Ind. Pols.	·			·	-		
ENDOWMENTS INCURRED	No.	Amount	& Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,	140.	7 tillount	Or. Octuis.	Amount	OCITIIS.	7 tilloditt	140.	runount	140.	Amount
prior year	0	0	l 0	0	0	0	0	0	0	0
17. Incurred during current										
year									0	0
Settled during current										
vear:										
									0	0
18.2 By payment on										
compromised claims									0	0
18.3 Totals paid	0	0		0	Ω	.0	0	0	0	0
18.4 Reduction by										
compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	۵	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current										
year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	0	0	0
					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31,				(a)						
prior year	2	260,000	0	0	0	0	0	0	2	260,000
									0	0
22. Other changes to in force										
(Net)									0	0
23. In force December 31				(a)						
of current year (a) Includes Individual Credit L	2	260,000	0	0	0	0	0	0	2	260,000

Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

ACCIDE	INI AND HE	ALIH INSU	JAMICE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
 24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b)					
25.2 Guaranteed renewable (b)	369,767	366,707		215 , 183	217 ,558
25.3 Non-renewable for stated reasons only (b)	4,658	4,658		15,852	5 , 151
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b)	374,425	371,365	0	231,035	222,709
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	374.425	371.365	0	231.035	222.709



DIRECT BUSINESS IN THE STATE OF Hawaii

DURING THE YEAR 2016

2. Annuit	sit-type contract funds	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4	5
2. Annuit	AND ANNUITY CONSIDERATIONS Insurance ty considerations sit-type contract funds			Group		
2. Annuit	isurance ty considerations sit-type contract funds		and Individual)	Group I		
2. Annuit	ty considerations sit-type contract funds			о.оср	Industrial	Total
	sit-type contract funds					0
3. Depos	71					0
1			XXX		XXX	0
	0011010010110	^				U
5. Totals	s (Sum of Lines 1 to 4)	U	U	0	U	U
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	nsurance:					0
	aid in cash or left on deposit					0
	- pro- to post to the pro-					0
er	pplied to provide paid-up additions or shorten the endowment or premium paying period					0
						0
	otals (sum of Lines 6.1 to 6.4)	0	0	0		0
Annui						
	aid in cash or left on deposit					0
	pplied to provide paid-up annuities					0
7.3 Oth	ther					0
	otals (sum of Lines 7.1 to 7.3)	0	0 -	0	0	0
8. Grand	d Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
	n benefits					0
	red endowments					0
	ty benefits					0
						0
13. Aggreç	egate write-ins for miscellaneous direct claims and	0			,	0
benefit	its paid		U			U
15. Totals		0	0	0	0	0
	AILS OF WRITE-INS					
1303						
1398. Summ	nary of remaining write-ins for Line 13 from overflow	_			<u> </u>	^
	agé		Ď	<u>0</u>	Ď ŀ	0
1399. Total ((Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0 [0

	O	rdinary		edit Life Ind Individual)	(Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	- Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current									0	0
Settled during current year: 18.1 By payment in full									0	0
18.2 By payment on compromised claims .									0	0
18.3 Totals paid							0	0	0	0
18.6 Total settlements 19. Unpaid Dec. 31, current	0	0		0	0	0	0	0	0	0
year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	0	(a)0	0	0	0	0	0	0
21. Issued during year									0	0
23. In force December 31 of current year (a) Includes Individual Credit I.	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ lncludes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$... current year \$

ACCIDENT AND HEALTH INSURANCE

ACCIDE	NI AND HE	AL 111 11431	SIVAIVE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
1 27.2 Ciedii (Gioup and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.1 Non-cancelable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b)	0	0]0	0	<u> </u> 0
26 Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	1 0	1 0	1 0	0	1 0

o. Totals (Lines 24 · 24	1.1 1 27.2 1 27.3 1 27.7 1 23.0)	U	U I	0	Ü	
(b) For health business of	on indicated lines report: Number of	of persons insured under PPC	managed care produc	cts	and number of per	sons insured under
indemnity only products						



DIRECT BUSINESS IN THE STATE OF Idaho

DURING THE YEAR 2016

2. Annuit	sit-type contract funds	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4	5
2. Annuit	AND ANNUITY CONSIDERATIONS Insurance ty considerations sit-type contract funds			Group		
2. Annuit	isurance ty considerations sit-type contract funds		and Individual)	Group I		
2. Annuit	ty considerations sit-type contract funds			о.оср	Industrial	Total
	sit-type contract funds					0
3. Depos	71					0
1			XXX		XXX	0
	0011010010110	^				U
5. Totals	s (Sum of Lines 1 to 4)	U	U	0	U	U
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	nsurance:					0
	aid in cash or left on deposit					0
	- pro- to post to the pro-					0
er	pplied to provide paid-up additions or shorten the endowment or premium paying period					0
						0
	otals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annui						
	aid in cash or left on deposit					0
	pplied to provide paid-up annuities					0
7.3 Oth	ther					0
	otals (sum of Lines 7.1 to 7.3)	0	0 -	0	0	0
8. Grand	d Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
	n benefits					0
	red endowments					0
	ty benefits					0
						0
13. Aggreç	egate write-ins for miscellaneous direct claims and	0			,	0
benefit	its paid		U			U
15. Totals		0	0	0	0	0
	AILS OF WRITE-INS					
1303						
1398. Summ	nary of remaining write-ins for Line 13 from overflow	_			<u> </u>	^
	agé		Ď	<u>0</u>	Ď ŀ	0
1399. Total ((Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0 [0

			Cr	edit Life						
	Oı	rdinary	(Group a	ind Individual)		Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH			No. of							
BENEFITS AND MATURED			Ind. Pols.							
ENDOWMENTS			&		No. of					
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,					_					
prior year		0	 .0	0	0	0	0	0	L	0
17. Incurred during current										
year									D	0
Settled during current										
year: 18.1 By payment in full									_	_
18.2 By payment on										⁰
compromised claims .									n .	٥
18.3 Totals paid			n	0			0	0	n	0 n
18.4 Reduction by										
compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements		0	0	0	0	0	0	0	Ω	0
19. Unpaid Dec. 31, current										
year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	0	0	0
					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31,				(a)	_					
prior year	0	0	 0	0	0	L0	0	ļ0	ļ0	ļ0
21. Issued during year									L0	<u> </u> 0
22. Other changes to in force										
(Net)									J	0
23. In force December 31	0	0	0	(a)	0	٥	0	_	١ ,	_
of current year (a) Includes Individual Credit I		U prior voor C	<u> </u>	U	rent vear \$	<u> </u>	0	l 0	1 0	<u> </u>

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

ACCIDLI	AI AND HE	ALIIIII	JIVANCE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b).					
24. Group policies (b)					
1 24.2 Credit (Group and marvidual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b)	0	0	0	0	<u> </u> 0
26. Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	0	0	1 0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products indemnity only products and number of persons insured under



DIRECT BUSINESS IN THE STATE OF Illinois

DURING THE YEAR 2016

AIC Group Code 1295	LIFE INSURANCE NAIC Company Code 80799								
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5				
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total				
Life insurance	5,292				5,2				
Annuity considerations									
Deposit-type contract funds		XXX		XXX					
5. Totals (Sum of Lines 1 to 4)	5,292	0	0	0	5,2				
DIRECT DIVIDENDS TO POLICYHOLDERS									
Life insurance:									
6.1 Paid in cash or left on deposit									
6.2 Applied to pay renewal premiums									
6.3 Applied to provide paid-up additions or shorten the									
endowment or premium paying period									
6.4 Other									
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0					
Annuities:									
7.1 Paid in cash or left on deposit									
7.2 Applied to provide paid-up annuities									
7.3 Other									
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0					
8. Grand Totals (Lines 6.5 + 7.4)	0	0	n l	0					
DIRECT CLAIMS AND BENEFITS PAID	Ů	Ů							
9. Death benefits	200 333				200				
10. Matured endowments					200 ,				
11. Annuity benefits									
Surrender values and withdrawals for life contracts									
13. Aggregate write-ins for miscellaneous direct claims and									
benefits paid	0	0	ا ۱	0					
	0								
15. Totals	200.333	0	0	0	200,				
DETAILS OF WRITE-INS	200,000	0	0	0	200,				
01.									
- :-									
502.									
398. Summary of remaining write-ins for Line 13 from overflow	0	_	_	0					
page	0		0	h					
399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	U	0	0	0					

	_	rdinary		edit Life and Individual)	,	Group	Inc	dustrial		Total
	1	2	3	/ /	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	2 Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,			İ							
prior year	0	0	l 0	0	0	0	0	0	0	0
17. Incurred during current				***************************************						***************************************
year	1	200.333							1	200.333
Settled during current			[,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
vear:										
18.1 By payment in full	1	200.333							1	200,333
18.2 By payment on										
compromised claims.	L		<u> </u>						0	0
18.3 Totals paid	L1	200,333	۵	0	0	0	Ω	0	L1	200,333
18.4 Reduction by		, , , , , , , , , , , , , , , , , , ,	İ							, i
compromise									٥	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	200,333	Ω	0	٥	0	0	0	1	200,333
19. Unpaid Dec. 31, current										
year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)						
prior year	22	1,950,000	0	0	0	0	0	0	22	1 ,950 ,000
21. Issued during year			ļ						0	0
22. Other changes to in force										
	(1)	(600,000)							(1)	(600,000)
23. In force December 31				(a)						
of current year	21	1,350,000	0	0	0	0	0	0	21	1,350,000

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

ACCIDE	.NI AND HE	ALIIIIIO	JIVANCE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24. Group policies (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:		1			
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	40,068	42,817		13,708	15,043
25.3 Non-renewable for stated reasons only (b)	29,640,968	29,640,968		19,999,360	23,464,189
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b)	29,681,036	29,683,785	0	20,013,068	23,479,232
26. Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	29.681.036	29.683.785	0	20.013.068	23.479.232

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DIRECT BUSINESS IN THE STATE OF Indiana

DURING THE YEAR 2016

C Group Code 1295	4	2	3	NAIC Company C	5
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	Group	4 Industrial	5 Total
	4,913	,	2.00		4.
Deposit-type contract funds		XXX		XXX	
		3000			
5. Totals (Sum of Lines 1 to 4)	4.913	0	0	0	4,
DIRECT DIVIDENDS TO POLICYHOLDERS	7,010	Ü			٠,
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the					
endowment or premium paying period					
6.4 Other	Λ				
6.5 Totals (sum of Lines 6.1 to 6.4)	U	0		J	
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (sum of Lines 7.1 to 7.3)	D	0	0 J	Q	
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	9,011				9
Matured endowments					
Annuity benefits					
Surrender values and withdrawals for life contracts					
Aggregate write-ins for miscellaneous direct claims and					
benefits paid	0	0	0	0	
4. All other benefits, except accident and health					
5. Totals	9,011	0	0	0	9,
DETAILS OF WRITE-INS					
1					
8. Summary of remaining write-ins for Line 13 from overflow					
page	0	0	0	0	
9. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	n l	n I	n l	n I	

	0	rdinary		edit Life and Individual)	(Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	0	l 0	0	0	0	0	0	0	0
17. Incurred during current		***************************************		***************************************						
year	1	9 011							1	9.011
Settled during current										
year:										
18.1 By payment in full	1	9 011							1	9.011
18.2 By payment on										
compromised claims .									0	0
18.3 Totals paid	1	9,011	0	0	0	0	0	0	1	9 011
18.4 Reduction by										
compromise									0	0
18.5 Amount rejected									0	0
			0	0	0	0	0	0	1	9 011
19. Unpaid Dec. 31, current										, , , , , ,
year (Lines 16+17-										
18.6)	0	0	l 0	0	0	0	0	0	0	0
,	_	-		-	No. of					
POLICY EXHIBIT					Policies					
20. In force December 31,				(a)						
prior year	10	249,000	0	0	0	0	0	0	10	249,000
21. Issued during year									0	0
22 Other changes to in force			l							
(Net)	L(1)	(59,000)	<u> </u>						(1)	(59,000)
23. In force December 31			[(a)						
of current year	9	190,000	0	0	0	0	0	0	9	190,000

current year \$ (a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

ACCIDE	INI AND HE	ALIHINS	JRANCE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24. Group policies (b) 24.1 Federal Employees Health Benefits Plan premium (b) 24.2 Credit (Creup and Individual).					
Credit (Group and Individual) Collectively renewable policies (b)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b)					
25.2 Guaranteed renewable (b)	407 , 170	418,793		188,960	188 ,751
25.3 Non-renewable for stated reasons only (b)	65,056,691	65,056,691		42,693,446	50,089,957
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b)	65,463,861	65,475,484	0	42,882,406	50,278,708
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	65.463.861	65.475.484	0	42.882.406	50.278.708



DIRECT BUSINESS IN THE STATE OF lowa

DURING THE YEAR 2016

AIC Group Code 1295		LIFE	INSURANC	E	NAIC Company C	ode 80799
•	ECT PREMIUMS	1	2 Credit Life (Group	3	4	5
AND ANNU	ITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
Life insurance		435				4
Annuity consideration	ons					
Deposit-type contra	ct funds		ХХХ		ХХХ	
5. Totals (Sum of Line	s 1 to 4)	435	0	0	0	4
	VIDENDS TO POLICYHOLDERS					
Life insurance:						
6.1 Paid in cash or	left on deposit					
	enewal premiums					
	de paid-up additions or shorten the					
	premium paying period					
6.4 Other						
6.5 Totals (sum of I	ines 6.1 to 6.4)	0	0	0	0	
Annuities:						
	eft on deposit			i	1	
	de paid-up annuities					
	ao para ap armanao					
	ines 7.1 to 7.3)		0	0	0	
8. Grand Totals (Lines		0	0	0	0	
	CLAIMS AND BENEFITS PAID	0	0	· · · · · · · · · · · · · · · · · · ·	•	
	CLAIMS AND BENEFITS FAID					
	its					
	nd withdrawals for life contracts					
	for miscellaneous direct claims and					
13. Aggregate write-ins		0	0	0	0	
14 All other handite or	veent engident and health					
	xcept accident and health	Λ	0	0	0	
15. Totals		U	U	0	0	
DETAILS OF WRIT	-					
• • • • • • • • • • • • • • • • • • • •						
303						
398. Summary of remain	ing write-ins for Line 13 from overflow	^	_	,	<u>, </u>	
	······································	0	D	<u>0</u>	·····Ď ŀ···	
399. Total (Lines 1301 th	rough 1303 + 1398) (Line 13 above)	0	0	0	0	

			Cr	edit Life						
	O	rdinary	(Group a	nd Individual)	(Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH			No. of							
BENEFITS AND MATURED			Ind. Pols.							
ENDOWMENTS			&		No. of					
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										
year									0	0
Settled during current										
year:										0
18.1 By payment in full									0	0
18.2 By payment on										0
compromised claims .									U	0
18.3 Totals paid 18.4 Reduction by	J	U	l	0		0		LU		0
compromise									٥	0
18.5 Amount rejected									 0	0
18.6 Total settlements	0		<u>۱</u>	0	۸	0	0	Λ	0	0
19. Unpaid Dec. 31, current		0	J	0				 	υ	0
year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	0	0	0
.5.5,			l	•	No. of	Ů	Ů		Ů	0
POLICY EXHIBIT					Policies					
20. In force December 31,				(a)		1				
prior year	2	30,000	0	0	0	L 0	0	L 0	2	30,000
21. Issued during year				•					0	0
22. Other changes to in force										
(Net)									۵	0
23. In force December 31				(a)						
of current year	2	30,000	0	0	0	0	0	0	2	30,000

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
Credit (Group and Individual) Collectively renewable policies (b) Medicare Title XVIII exempt from state taxes or fees					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)25.2 Guaranteed renewable (b)					
5.2 Guaranteed renewable (b)	102,458	106,465		64 , 948	61,320
25.3 Non-renewable for stated reasons only (b)					
5.4 Other accident only					
5.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	102,458	106,465	0	64 , 948	61,320
25.3 Non-renewable for stated reasons only (b)	102,458	106,465	0	64,948	61,320
(b) For health business on indicated lines report: Number of pe	ersons insured under PPC	managed care produ	cts	and number of per	sons insured under



DIRECT BUSINESS IN THE STATE OF Kansas

DURING THE YEAR 2016

C Group Code 1295		INSURANCI		NAIC Company Code 80799			
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5		
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total		
Life insurance							
Annuity considerations							
Deposit-type contract funds		XXX		XXX			
Other considerations							
5. Totals (Sum of Lines 1 to 4)	0	0	0	0			
DIRECT DIVIDENDS TO POLICYHOLDERS							
Life insurance:							
6.1 Paid in cash or left on deposit							
6.2 Applied to pay renewal premiums							
6.3 Applied to provide paid-up additions or shorten the							
endowment or premium paying period							
6.4 Other							
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0			
Annuities:							
7.1 Paid in cash or left on deposit							
7.2 Applied to provide paid-up annuities							
7.3 Other							
7.4 Totals (sum of Lines 7.1 to 7.3)	0	ļ0 ļ	0	0			
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0			
DIRECT CLAIMS AND BENEFITS PAID							
9. Death benefits							
10. Matured endowments							
11. Annuity benefits							
13. Aggregate write-ins for miscellaneous direct claims and	^			_			
benefits paid	0		J	U			
14. All other benefits, except accident and health	^	ļ					
15. Totals	U	U	0	U			
DETAILS OF WRITE-INS							
01							
03.							
98. Summary of remaining write-ins for Line 13 from overflow	^		_	_			
page	U	الاست	h	h			
99. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0			

	0	rdinary		edit Life Ind Individual)	,	Group	Inc	dustrial		Total
	1	2	3	/ /	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	2 Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	o Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year									0	٥
Settled during current year:										
18.2 By payment on			.						0	0
compromised claims.									0	0
18.4 Reduction by		0	L0	0	0	0	0	0	0	0
compromise 18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
,	0	U	0	U	No. of	0	0	U	0	0
POLICY EXHIBIT 20. In force December 31,				(a)	Policies					
prior year	0	0	0	0	0	0	0	0	0	0
21. Issued during year									0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

ACCIDE	-NI AND IIL	ALIIIII	JIVANCE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24. Group policies (b)					
 24.2 Credit (Group and Individual) 24.3 Collectively renewable policies (b) 24.4 Medicare Title XVIII exempt from state taxes or fees 					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
 25.1 Non-cancelable (b) 25.2 Guaranteed renewable (b) 25.3 Non-renewable for stated reasons only (b) 					
25.2 Guaranteed renewable (b)	25,713	26,056		33,092	33,284
25.3 Non-renewable for stated reasons only (b)	17,917	17,917		44,032	14,309
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b)	43,630	43,973	0	77 , 124	47 ,593
26. Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	43,630	43.973	0	77 . 124	47,593



DIRECT BUSINESS IN THE STATE OF Kentucky

DURING THE YEAR 2016

NAIC (Group Code 1295	LIFE	INSURANC	CE	NAIC Company Code 80799			
	DIDECT DDEMILIME	1	2 Credit Life (Cresses	3	4	5		
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total		
1.	Life insurance	31	una marriadar)	Огоир	madotnar	31		
						0		
3.	Deposit-type contract funds		ХХХ		XXX	0		
4.	Other considerations					٥		
5.	Totals (Sum of Lines 1 to 4)	31	0	0	0	31		
	DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance: 6.1 Paid in cash or left on deposit					0		
	6.2 Applied to pay renewal premiums					0		
	6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0		
	6.4 Other 6.5 Totals (sum of Lines 6.1 to 6.4)	Λ	·····	Λ	Λ	l		
	Annuities: 7.1 Paid in cash or left on deposit							
	7.1 Paid in cash of left of deposit					l		
	7.3 Other					l		
	7.4 Totals (sum of Lines 7.1 to 7.3)			0	0	0		
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0		
	DIRECT CLAIMS AND BENEFITS PAID							
9.	Death benefits					0		
10.	Matured endowments					0		
						0		
						0		
13.	Aggregate write-ins for miscellaneous direct claims and	0	_	0	0	_		
11	benefits paid All other benefits, except accident and health		LU	υ	0	l		
	Totals	Λ	0	n	Λ	U		
15.	DETAILS OF WRITE-INS	0	0	U	0	0		
1301	DETAILS OF WRITE-INS							
1301.								
1303.								
	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0		
1399.	Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0		

	_			edit Life			_			
	0	rdinary		nd Individual)		Group		dustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	1	2	3 No. of Ind. Pols. &	4	5 No. of	6	7	8	9	10
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										
year									0	0
Settled during current										
year:										
18.1 By payment in full									0	0
18.2 By payment on										
compromised claims.									0	0
18.3 Totals paid	0	0	0	0	Ω	0	0	0	D	0
18.4 Reduction by										
compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	D	0
19. Unpaid Dec. 31, current										
year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)						
prior year	L1	30,000	0	0	0	0	0	0	L1	30,000
21. Issued during year			<u> </u>						0	0
22. Other changes to in force (Net)									0	0
23. In force December 31			[(a)						
of current year a) Includes Individual Credit L	1	30,000	0	0	0	0	0	0	1	30,000

Includes from Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

AGGIDEI		ALIII 1110			
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b)	0	0	0	0	0
26 Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	1	1	1	0	l n

6. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products indemnity only products and number of persons insured under



DIRECT BUSINESS IN THE STATE OF Louisiana

DURING THE YEAR 2016

Group Code 1295	1	2 1	3	NAIC Company C	5	
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total	
1. Life insurance						
Deposit-type contract funds		XXX		XXX		
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)	0	0	0	0		
DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance:						
6.1 Paid in cash or left on deposit						
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period						
6.4 Other	Λ	·····				
6.5 Totals (sum of Lines 6.1 to 6.4)		0				
7.2 Applied to provide paid-up annuities						
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0		
3. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0		
DIRECT CLAIMS AND BENEFITS PAID						
Death benefits						
). Matured endowments						
Annuity benefits	21.000				21	
2. Surrender values and withdrawals for life contracts						
Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0		
All other benefits, except accident and health						
5. Totals	21,000	0	0	0	21	
DETAILS OF WRITE-INS						
Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0		
9. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0		

	O	rdinary	Credit Life (Group and Individual)		Group		In	dustrial	Total	
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	, No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year 17. Incurred during current		0	0	0	0	0	0	0	0	0
year Settled during current									0	0
year: 18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid 18.4 Reduction by compromise		0	ι			0	U	0		
18.5 Amount rejected									0	0
	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17-18.6)	0	0	0	0	0		0		0	0
18.6)	0	U	0	U	No. of	0	0	0	0	0
POLICY EXHIBIT 20. In force December 31.				(a)	Policies					
prior year	0	0	0	0	0	0	0	0	0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0
(a) Includes Individual Credit L	ife Insurance	e: prior year \$		cui	rrent year \$					
Includes Group Credit Life								rent year \$		
Loans greater than 60 mon	ths at issue	BUT NOT GREA	TER THAN 1	20 MONTHS, pric	or year \$		current	t year \$		-

..... current year \$ ACCIDENT AND HEALTH INSURANCE

ACCIDE	INI AND HE	ALIHINS	JRANCE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24. Group policies (b) 24.1 Federal Employees Health Benefits Plan premium (b) 24.2 Credit (Group and Individual)					
24.2 Credit (Group and Individual) 24.3 Collectively renewable policies (b)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.1 Non-cancelable (b)	25 , 526	25,533		24 , 536	24,056
25.3 Non-renewable for stated reasons only (b)					
25.3 Non-renewable for stated reasons only (b)					
25.5 All other (b)					
25.5 All other (b)	25,526	25,533	0	24,536	24 , 056
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	25.526	25.533	0	24.536	24.056



DIRECT BUSINESS IN THE STATE OF Maine

DURING THE YEAR 2016

NAIC (Group Code 1295	LIFE	INSURANC	E	NAIC Company Code 80799		
		1	2	3	4	5	
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total	
1	Life insurance	753	and mulvidual)	Group	ilidustriai	753	
						0	
3.	,				XXX	0	
4.	Other considerations					0	
	Totals (Sum of Lines 1 to 4)	753	0	0	0	753	
	DIRECT DIVIDENDS TO POLICYHOLDERS						
	Life insurance:						
	6.1 Paid in cash or left on deposit					0	
	6.2 Applied to pay renewal premiums					0	
	6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0	
						0	
	6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0	
	7.1 Paid in cash or left on deposit					0	
	7.2 Applied to provide paid-up annuities					0	
	7.3 Other					0	
	7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0	
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0	
	DIRECT CLAIMS AND BENEFITS PAID					0	
	Death benefits						
	Matured endowments						
	Annuity benefits						
	Aggregate write-ins for miscellaneous direct claims and						
10.	benefits paid	0	0	0	0	0	
14.						0	
	Totals	0	0	0	0	0	
	DETAILS OF WRITE-INS						
1301.							
1302.							
1303.							
1398.	Summary of remaining write-ins for Line 13 from overflow	_			_ [•	
1000	page	0	<u>0</u>	Q	× 1	0	
1399.	Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0	

		dinary		edit Life nd Individual)		Group	Ind	lustrial	-	Γotal
	4	2		na maividuai)			7			
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31,	ĺ									
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										
year									0	0
Settled during current year:										
									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by										0
compromise									h	0 N
	0	Λ	n	0		0	0	0	ا ۱	٥
19. Unpaid Dec. 31, current										
year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31,	i			(a)						
prior year	2	20,000	0	0	0	0	0	0	2	20,000
21. Issued during year			 						0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	2	20.000	0	(a)	0	0	0	0	2	20,000

Includes from Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

ACCIDE	NI AND HE	.AL 111 11451	DIVAIVE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.1 Non-cancelable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b)		0]0	0]0
26 Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	1 0	0	1 0	0	1 0

6. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products indemnity only products and number of persons insured under



DIRECT BUSINESS IN THE STATE OF Maryland

DURING THE YEAR 2016

AIC Gro	oup Code 1295	LIFE INSURANCE NAIC Company Code 80799						
		1	2	3	4	5		
	DIRECT PREMIUMS	0.11	Credit Life (Group	0.11	1.4.424	T. (.)		
4	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total		
	ife insurance		·····					
			VVV		vvv			
	eposit-type contract funds		XXX		XXX			
		Λ	·····					
5. I	otals (Sum of Lines 1 to 4)	U	U	0	0			
	DIRECT DIVIDENDS TO POLICYHOLDERS							
	ife insurance:							
	.1 Paid in cash or left on deposit		·····					
	.2 Applied to pay renewal premiums							
6.	.3 Applied to provide paid-up additions or shorten the							
_	endowment or premium paying period							
	.4 Other		·····					
	.5 Totals (sum of Lines 6.1 to 6.4)			u				
	Annuities:							
7.	.1 Paid in cash or left on deposit							
	.3 Other							
	.4 Totals (sum of Lines 7.1 to 7.3)	•						
	Grand Totals (Lines 6.5 + 7.4)		U					
0. G	DIRECT CLAIMS AND BENEFITS PAID	U	0	0	0			
0 0	DIRECT CLAIMS AND BENEFITS PAID Death benefits							
	latured endowments							
	nnuity benefits							
	· · · · · · · · · · · · · · · · · · ·		i i					
	ggregate write-ins for miscellaneous direct claims and							
10. A	enefits paid	0	0	0	0			
14 A	Il other benefits, except accident and health				······································			
15. T		0	0	0	0			
	ETAILS OF WRITE-INS		· ·	•	<u> </u>			
	ETALES OF WINTE-INS							
303								
398 S	ummary of remaining write-ins for Line 13 from overflow							
550. 0	nage	n	l n	n l	n l			
399. т	otal (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0			
1399. T	page	0	0	0	0			

			Cr	edit Life						
	O	rdinary		nd Individual)	(Group	In	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH			No. of							
BENEFITS AND MATURED			Ind. Pols.							
ENDOWMENTS			&		No. of					
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										
year									0	0
Settled during current										
year:										
18.1 By payment in full									0	0
18.2 By payment on										
compromised claims.									0	0
	0	0	J0	0	0	0	0	0	0	0
18.4 Reduction by										
compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements		0	J0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current										
year (Lines 16+17-	_									
18.6)	0	0	0	0	0	0	0	0	0	0
					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31,		40.000		(a)						40.000
prior year	2	40,000	J0	0	0	ļ0	ا ⁰	L0	<u>2</u>	40,000
21. Issued during year									L	ļ0
22. Other changes to in force (Net)									0	0
23. In force December 31				(a)						40.000
of current year	2	40,000	0	0	0	0	0	0	2	40,000

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$.

ACCIDENT AND HEALTH INSURANCE

ACCIDE	INI AND HE	ALIIIII	JIVANCE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24. Group policies (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.1 Non-cancelable (b)	27 ,802	27 ,807		30,998	31,293
25.3 Non-renewable for stated reasons only (b)					
25.3 Non-renewable for stated reasons only (b)					
25.5 All other (b)					
25.5 All other (b)	27 ,802	27 ,807	0	30,998	31,293
26. Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	27,802	27 . 807	1 0	30.998	31,293

0. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.0)	21,002	21,001	U	50,550	01,20
(b) For health business on indicated lines report: Number of person	ons insured under PPC	managed care produ	cts	and number of per	sons insured under
indemnity only products7					



DIRECT BUSINESS IN THE STATE OF Massachusetts

DURING THE YEAR 2016

AIC Group Code 1295	LIFE INSURANCE NAIC Company Code 80799							
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5			
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total			
Life insurance	6,117				6,1			
Annuity considerations								
Deposit-type contract funds		XXX		XXX				
4. Other considerations								
5. Totals (Sum of Lines 1 to 4)	6,117	0	0	0	6,1			
DIRECT DIVIDENDS TO POLICYHOLDERS					·			
Life insurance:								
6.1 Paid in cash or left on deposit								
6.2 Applied to pay renewal premiums								
6.3 Applied to provide paid-up additions or shorten the								
endowment or premium paying period								
6.4 Other								
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0				
Annuities:								
7.1 Paid in cash or left on deposit								
7.2 Applied to provide paid-up annuities								
7.3 Other								
7.4 Totals (sum of Lines 7.1 to 7.3)	n	0	n	Λ				
8. Grand Totals (Lines 6.5 + 7.4)		 0						
DIRECT CLAIMS AND BENEFITS PAID		0	0	0				
9. Death benefits	5 011				5			
10. Matured endowments			ı	I .				
11. Annuity benefits	12 000				12 /			
12. Command and a selection and with drawning for life and the selection	12,000							
12. Surrender values and withdrawals for life contracts								
Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0				
benefits paid		U	V	J				
14. All other benefits, except accident and health	17.011	0	0		47 /			
15. Totals	17,011	Ü	0	0	17,0			
DETAILS OF WRITE-INS								
301.								
302.								
303								
398. Summary of remaining write-ins for Line 13 from overflow								
page	0		0	0				
399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0				

	0	rdinary		edit Life and Individual)	,	Group	Inc	dustrial		Total
	1	2	3	/ /	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	2 Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	o Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current				***************************************						***************************************
year	1	5.011							1	5.011
Settled during current										, , , , ,
vear:										
18.1 By payment in full	1	5,011	l						1	5,011
18.2 By payment on		, , , , , , , , , , , , , , , , , , ,								, i
compromised claims.									0	0
18.3 Totals paid	1	5,011	۵	0	٥	0	Ω	0	1	5,011
18.4 Reduction by										
compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	5,011	۵	0	0	0	0	0	1	5,011
19. Unpaid Dec. 31, current										
year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)						
prior year	18	771,000	0	0	0	0	0	0	18	771,000
21. Issued during year									0	0
22. Other changes to in force										
(Net)	(1)	(5,000)							(1)	(5,000)
23. In force December 31				(a)						
of current year	17	766,000	0	0	0	0	0	0	17	766,000

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

ACCIDLI	AI AND HE	ALIIIII	JIVANCE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b).					
24. Group policies (b)					
1 24.2 Credit (Group and marvidual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b)	0	0	0	0	<u> </u> 0
26. Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	0	0	1 0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products indemnity only products and number of persons insured under



DIRECT BUSINESS IN THE STATE OF Michigan

DURING THE YEAR 2016

AIC Group Code 1295	LIFE INSURANCE NAIC Company Code 80799							
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5			
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total			
Life insurance	461				46			
2. Annuity considerations								
Deposit-type contract funds		ХХХ		XXX				
4. Other considerations								
5. Totals (Sum of Lines 1 to 4)	461	0	0	0	46			
DIRECT DIVIDENDS TO POLICYHOLDERS								
Life insurance:								
6.1 Paid in cash or left on deposit								
6.3 Applied to provide paid-up additions or shorten the								
endowment or premium paying period								
6.4 Other								
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0				
Annuities:								
7.1 Paid in cash or left on deposit								
7.2 Applied to provide paid-up annuities								
7.3 Other								
7.4 Totals (sum of Lines 7.1 to 7.3)	0	l0	0					
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0				
DIRECT CLAIMS AND BENEFITS PAID								
Death benefits								
10. Matured endowments								
11. Annuity benefits	8,400				8,4			
12. Surrender values and withdrawals for life contracts								
13. Aggregate write-ins for miscellaneous direct claims and	•							
benefits paid	0	0	0	0				
14. All other benefits, except accident and health								
15. Totals	8,400	0	0	0	8,4			
DETAILS OF WRITE-INS								
301								
302.								
303								
398. Summary of remaining write-ins for Line 13 from overflow	^		_	_				
page		<u>0</u>	Ď	·····Ď ŀ···				
399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0				

	O	rdinary		edit Life and Individual)	(Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ma	A	No. of Ind. Pols.	A	No. of	A	Ma	A	N.a.	A
	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year 17. Incurred during current	0	0	0	0	0	0	0	0	0	0
year									٥	n
Settled during current year:										
18.1 By payment in full 18.2 By payment on										0
compromised claims	0	0	0	0	0	0	0	0	0 0	0
compromise									0	0
18.6 Total settlements				0		0	0	.0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year				(a) 0	0	0	0	0	1	60,000
21. Issued during year									0	0
23. In force December 31 of current year	1	60,000	0	(a) 0	0	0	0	0	1	60,000

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

ACCIDE	INI AND HE	ALIHINSU	JRANCE		
	1	2	3 Dividends Paid or	4	5
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24. Group policies (b) 24.1 Federal Employees Health Benefits Plan premium (b) 24.2 Credit (Group and Individual)					
24.2 Credit (Group and Individual) 24.3 Collectively renewable policies (b)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	10 , 463	10,463		4,784	4,825
25.3 Non-renewable for stated reasons only (b)					
25.3 Non-renewable for stated reasons only (b)					
25.5 All other (b)					
25.5 All other (b)	10,463	10,463	0	4,784	4,825
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	10,463	10,463	0	4,784	4,825



DIRECT BUSINESS IN THE STATE OF Minnesota

DURING THE YEAR 2016

NAIC (Group Code 1295	LIFE	INSURANC	E	NAIC Company	Code 80799
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance					0
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	0
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
	6.1 Paid in cash or left on deposit					0
	6.2 Applied to pay renewal premiums					0
	6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
	6.4 Other					0
	6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
	7.1 Paid in cash or left on deposit					0
	7.2 Applied to provide paid-up annuities					0
	7.3 Other					0
	7.4 Totals (sum of Lines 7.1 to 7.3)	0	ļ0 ļ.	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
	Death benefits					0
	Matured endowments					0
	Annuity benefits					0
						0
13.	Aggregate write-ins for miscellaneous direct claims and	0			,	0
١,,	benefits paid			J	U.	
		Λ	0	0	0	U
15.	Totals DETAILS OF WRITE-INS	U	U	0	U	U
1201						
1301.			·····			
1302.						
	Summary of remaining write-ins for Line 13 from overflow					
1000.	page	Ο	n	n	n	0
1399.	Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0
		<u> </u>	· ·	<u> </u>	• 1	

			Cr	edit Life						
	O	rdinary		nd Individual)	(Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS			No. of Ind. Pols. &		No. of					
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full 18.2 By payment on									0	0
compromised claims.									0	0
18.4 Reduction by		0		0	0	0	0	0		J
compromise 18.5 Amount rejected									0	0
18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16+17-	0	0	l0	0	0	0	0	0	0	0
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	0	(a) 0	0	0	0	0	0	0
21. Issued during year									0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3 Dividends Paid or	4	5
	Direct Premiums	Direct Premiums Earned	Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).					
24. Group policies (b)					
1 24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.3 Collectively renewable policies (b)					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	•				
25.2 Guaranteed renewable (b). 25.3 Non-renewable for stated reasons only (b).	10,562	10,562		206,071	66 , 965
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	10,562	10,562	J0	206,071	66,965
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	10,562	10,562	0	206,071	66,965



DIRECT BUSINESS IN THE STATE OF Mississippi

DURING THE YEAR 2016

C Group Code 1295	1	INSURANC	3	NAIC Company C	5
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
Life insurance					
Annuity considerations					
Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	686	0	0	0 [
DIRECT DIVIDENDS TO POLICYHOLDERS		·	-		
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the		····			
endowment or premium paying period		····			
6.4 Other		·····			
6.5 Totals (sum of Lines 6.1 to 6.4)	U	0	U	⁰	
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0		
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	
DIRECT CLAIMS AND BENEFITS PAID					
Death benefits					
Matured endowments					
Annuity benefits					
Surrender values and withdrawals for life contracts					
3. Aggregate write-ins for miscellaneous direct claims and			İ		
benefits paid		0	0	0	
All other benefits, except accident and health					
5. Totals	0	0	0	0	
DETAILS OF WRITE-INS					
1					
2					
3					
8. Summary of remaining write-ins for Line 13 from overflow					
page	n	n	n	n l	
		ا ا		h	
page	0	0	0	0	

	0	rdinary		edit Life and Individual)	(Group	Inc	dustrial		Total
i i	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	·	_	No. of Ind. Pols.	·	No. of	Č	·	ŭ		.,
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										
year									0	0
Settled during current										
year:										
									0	0
18.2 By payment on										
compromised claims.									0	0
18.3 Totals paid	0	0	۵	0	Ω	0	0	0		0
18.4 Reduction by										
compromise									0	0
18.5 Amount rejected									0	0
	0	0	۵	0	0	0	0	0	D	0
19. Unpaid Dec. 31, current										
year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31.				(2)	i Olicies					
prior year	1	100 000	0	(a)	n	n	n	n	1	100 000
									n	n l
22. Other changes to in force							•			
(Net)									L0	0
23. In force December 31				(a)						
of current year	1	100,000	0	0	0	0	0	0	1	100,000
(a) Includes Individual Credit L	ife Insurance	e: prior year \$	•	Cui	rrent vear \$					

Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

ACCIDE	INI AND DE	ALIHINSU	JRANCE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other individual Policies.					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	89 , 845	89,776		41,460	44 , 483
25.3 Non-renewable for stated reasons only (b)		0		0	0
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b)	89,845		0	41,460	44 , 483
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	89,845	89,776	0	41,460	44,483



DIRECT BUSINESS IN THE STATE OF Missouri

DURING THE YEAR 2016

Group Code 1295	1	2 1	3	NAIC Company C	5	
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	ordinary	Credit Life (Group and Individual)	Group	Industrial	Total	
. Life insurance						
Annuity considerations						
Deposit-type contract funds		XXX		XXX		
- · · · · · · · · · · · · · · · · · · ·						
i. Totals (Sum of Lines 1 to 4)	0	0	0	0		
DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance:						
6.1 Paid in cash or left on deposit						
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period						
6.4 Other						
6.5 Totals (sum of Lines 6.1 to 6.4)	n	0	n	n		
Annuities: 7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (sum of Lines 7.1 to 7.3)	0	O	0	0		
. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0		
DIRECT CLAIMS AND BENEFITS PAID						
Death benefits		[
Matured endowments						
Annuity benefits						
Surrender values and withdrawals for life contracts.						
. Aggregate write-ins for miscellaneous direct claims and benefits paid			0	0		
All other benefits, except accident and health	·······					
Totals	0	0	0	0		
DETAILS OF WRITE-INS				<u> </u>		
DETAILS OF WINTE-ING						
Summary of remaining write-ins for Line 13 from overflow		····				
page	0	١	0	0		
. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	 N		n l	h		

			Cr	edit Life						
	O	rdinary		nd Individual)	(Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS			No. of Ind. Pols. &		No. of					
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full 18.2 By payment on									0	0
compromised claims.									0	0
18.4 Reduction by		0		0	0	0	0	0		J
compromise 18.5 Amount rejected									0	0
18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16+17-	0	0	l0	0	0	0	0	0	0	0
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	0	(a) 0	0	0	0	0	0	0
21. Issued during year									0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$..

ACCIDENT AND HEALTH INSURANCE

ACCIDE	IN I AND HE	ALIHINS	JAMICE		
	1	2	33	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24. Group policies (b)					
 24.2 Credit (Group and Individual) 24.3 Collectively renewable policies (b) 24.4 Medicare Title XVIII exempt from state taxes or fees 					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
 25.1 Non-cancelable (b) 25.2 Guaranteed renewable (b) 25.3 Non-renewable for stated reasons only (b) 					
25.2 Guaranteed renewable (b)	59,283	59,358		83,312	84 , 544
25.3 Non-renewable for stated reasons only (b)	72,469	72,469		86,303	28,045
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b)	131,752	131,827	l0	169,615	112,589
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	131.752	131,827	0	169,615	112,589



DIRECT BUSINESS IN THE STATE OF Montana

DURING THE YEAR 2016

Group Code 1295	1	2	3	NAIC Company C	5	
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total	
Life insurance						
Deposit-type contract funds		XXX		XXX		
Other considerations						
5. Totals (Sum of Lines 1 to 4)	0	0	0	0		
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the						
endowment or premium paying period						
6.4 Other						
6.5 Totals (sum of Lines 6.1 to 6.4)	0	l0 l	0	0		
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (sum of Lines 7.1 to 7.3)		0	0	0 L		
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0		
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		İ				
10. Matured endowments						
44 4 11 4 61						
12. Surrender values and withdrawals for life contracts						
13. Aggregate write-ins for miscellaneous direct claims and						
benefits paid	0	0	0	0		
14. All other benefits, except accident and health						
15. Totals	0	0	0	0		
DETAILS OF WRITE-INS	•	· -	-	-		
01.						
02.						
03.						
98. Summary of remaining write-ins for Line 13 from overflow						
page	0	0	n l	0		
99. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	n	0	0	0		

	0	rdinary		edit Life and Individual)	(Group	Inc	dustrial		Total
DIRECT DEATH BENEFITS AND MATURED	1	2	3 No. of Ind. Pols.	4	5	6	7	8	9	10
ENDOWMENTS INCURRED	No.	Amount	& Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	n	0	0	0	n	0	0
17. Incurred during current										
year									0	0
Settled during current year: 18.1 By payment in full									0	0
18.2 By payment on compromised claims .									0	0
18.3 Totals paid 18.4 Reduction by	0	0	0	0	0	0	0	0	0	0
compromise 18.5 Amount rejected									0	0
18.6 Total settlements 19. Unpaid Dec. 31, current	0	0	0	0	0	0	0	0	0	0
year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	0	(a) 0	0	0	0	0	0	0
21. Issued during year									0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$.. current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
1 24.1 Federal Employees Health Benefits Plan premium (b)	L	L	L		
24.2 Credit (Group and Individual) 24.3 Collectively renewable policies (b)					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	3,893	3,893		2,442	2,496
25.3 Non-renewable for stated reasons only (b)					
25.5 All other (b)					
25.5 All other (b)	3,893	3,893	J0	2,442	2,496
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,893	3,893	0	2,442	2,496

indemnity only products



DIRECT BUSINESS IN THE STATE OF Nebraska

DURING THE YEAR 2016

C Group Code 1295	1	2 1	3	4	ode 80799 5	
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	ordinary	Credit Life (Group and Individual)	Group	4 Industrial	Total	
Life insurance	276					
Annuity considerations						
		XXX		XXX		
4. Other considerations						
5. Totals (Sum of Lines 1 to 4)	276	0	0 [0 [
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit				1		
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the						
endowment or premium paying period						
6.4 Other		·····				
	u	0	J	0		
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (sum of Lines 7.1 to 7.3)	D	0	<u>0</u>	J		
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0		
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits						
Matured endowments						
Annuity benefits						
Surrender values and withdrawals for life contracts						
Aggregate write-ins for miscellaneous direct claims and						
benefits paid	0	0	0	0		
4. All other benefits, except accident and health						
5. Totals	0	0	0	0		
DETAILS OF WRITE-INS				İ		
1.						
_						
_						
8. Summary of remaining write-ins for Line 13 from overflow						
page	n	n	n l	n l		
9. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	n	n l	n	n		

	O	rdinary		edit Life and Individual)	(Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED		_	No. of Ind. Pols.	·		-		-		
ENDOWMENTS INCURRED	No.	Amount	& Contifo	Amount	No. of Certifs.	Amount	No.	Amount	No.	A maunt
16. Unpaid December 31,	INO.	Amount	Gr. Certifs.	Amount	Certiis.	Amount	INO.	Amount	INO.	Amount
no. Oripaid December 31,	0	_	_ ر	0	0	0	0	٥	ا م	0
prior year	0	0	J	0		0		0	ا لا	0
17. Incurred during current										0
year									ا لا	0
Settled during current										
year:										0
									ا لا	0
18.2 By payment on										0
compromised claims .									U	0
18.3 Totals paid		0	0	0	0	0			ا لا ا	0
18.4 Reduction by										
compromise									D	0
18.5 Amount rejected									0	0
	0	0	0	0	0	0	0	0	Q	0
19. Unpaid Dec. 31, current										
year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31.				(a)						
prior year	2	270.000	0	0	0	0	0	0	2	270.000
						-			0	0
22. Other changes to in force									0	0
23. In force December 31									ا ۱۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰	0
of current year	2	270.000	0	(a) 0	0	0	0	0	2	270,000
(a) Includes Individual Credit L				v	rent vear \$		Ů	v	1	270,000

Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

ACCIDE	INI AND HE	ALIH INSU	JAMICE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	160,938	170,313		68,620	62,810
25.3 Non-renewable for stated reasons only (b)					
25.3 Non-renewable for stated reasons only (b)					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	160,938	170,313	0		62,810
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	160.938	170.313	1 0	68.620	l 62.810



DIRECT BUSINESS IN THE STATE OF Nevada

DURING THE YEAR 2016

Group Code 1295	1	2	3	NAIC Company C	5	
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	Group	4 Industrial	5 Total	
1. Life insurance						
Deposit-type contract funds		L XXX		XXX		
5. Totals (Sum of Lines 1 to 4)	0	0	0	0		
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the						
endowment or premium paying period						
6.4 Other						
6.5 Totals (sum of Lines 6.1 to 6.4)	n	0	n	·····		
Annuities:			······································			
7.1 Paid in cash or left on deposit						
7.1 Paid in cash of left of deposit			I			
7.3 Other						
7.4 Totals (sum of Lines 7.1 to 7.3)	U	0	h	<u>/</u>		
8. Grand Totals (Lines 6.5 + 7.4)	U	U	0	U		
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits						
Matured endowments						
1. Annuity benefits					24	
Surrender values and withdrawals for life contracts						
Aggregate write-ins for miscellaneous direct claims and						
benefits paid	0	ļ0 	D			
4. All other benefits, except accident and health		 				
5. Totals	24,000	0	0	0	24	
DETAILS OF WRITE-INS					·	
)1						
03.						
98. Summary of remaining write-ins for Line 13 from overflow						
page	0	L0 L	0	0		
99. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0		

	O	rdinary		edit Life and Individual)	(Group	In	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,							-			
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										
year									0	0
Settled during current										
year:										
18.1 By payment in full									L0	0
18.2 By payment on										
compromised claims .									L	0
18.3 Totals paid 18.4 Reduction by	0	0	JD	0	D	0		0	LD	0
compromise									_	ا ۱
18.5 Amount rejected									n	n
18.6 Total settlements	0	0	0	0	n	0	0	0	0	0
19. Unpaid Dec. 31, current										
year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)						
prior year	0	0	0	0	0	0	0	0	0	0
21. Issued during year									L	L0
22. Other changes to in force (Net)									0	0
23. In force December 31				(a)			0			
of current year	0	0	0	0	0	0	0	0	1 0	1 0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

ACCIDE	INI AND HE	ALIHINS	JNANCE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
 24.1 Federal Employees Health Benefits Plan premium (b) 24.2 Credit (Group and Individual) 24.3 Collectively renewable policies (b) 24.4 Medicare Title XVIII exempt from state taxes or fees 					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b)					
25.2 Guaranteed renewable (b)	19,819	20,525		18,169	17 ,977
25.3 Non-renewable for stated reasons only (b)	23,797	23,797		19,374	6,296
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b)	43,616	44,322	<u> </u> 0	37 , 543	24,273
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	43.616	44.322	0	37,543	24,273



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF New Hampshire

DURING THE YEAR 2016

AIC Group Code 1295	LIFE	NAIC Company Code 80799			
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
Life insurance	oraniary	and marriadal)	0.000	aact.iai	
Annuity considerations					
Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	
DIRECT DIVIDENDS TO POLICYHOLDERS	•		-		
Life insurance:					
6.1 Paid in cash or left on deposit					
6.3 Applied to provide paid-up additions or shorten the					
endowment or premium paying period					
6.4 Other					
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (sum of Lines 7.1 to 7.3)	0	ļ0 	0	0	
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	
DIRECT CLAIMS AND BENEFITS PAID					
Death benefits					
10. Matured endowments					
11. Annuity benefits					
13. Aggregate write-ins for miscellaneous direct claims and					
benefits paid	0	ļ0 		0	
14. All other benefits, except accident and health		ļ			
15. Totals	0	0	0	0	
DETAILS OF WRITE-INS					
301					
302					
398. Summary of remaining write-ins for Line 13 from overflow	^			_	
page		U	<u>0</u>	V	
399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	

	0	rdinary		edit Life Ind Individual)	,	Group	Inc	dustrial		Total
	1	2	3	/ /	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	2 Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	o Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year									0	٥
Settled during current year:										
18.2 By payment on			.						0	0
compromised claims.									0	0
18.4 Reduction by		0	L0	0	0	0	0	0	0	0
compromise 18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
,	0	U	0	0	No. of	0	0	U	0	0
POLICY EXHIBIT 20. In force December 31,				(a)	Policies					
prior year	0	0	0	0	0	0	0	0	0	0
21. Issued during year									0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

current year \$.. current year \$

ACCIDENT AND HEALTH INSURANCE

ACCIDE	.NI AND HE	ALIIIII	JIVANCE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:		1			
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)	102,089,176	102,089,176		68,807,121	80 , 727 , 748
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b)	102,089,176	102,089,176	0	68,807,121	80,727,748
26. Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	102.089.176	102.089.176	1 0	68.807.121	80.727.748



DIRECT BUSINESS IN THE STATE OF New Jersey

DURING THE YEAR 2016

C Group Code 1295		INSURANCI		NAIC Company Code		
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5	
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total	
Life insurance						
Annuity considerations						
Deposit-type contract funds		XXX		XXX		
4 00						
5. Totals (Sum of Lines 1 to 4)	0	0	0	0		
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the						
endowment or premium paying period						
6.4 Other						
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0		
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other		 				
7.4 Totals (sum of Lines 7.1 to 7.3)	0	ļ0 	0	0		
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0		
DIRECT CLAIMS AND BENEFITS PAID						
Death benefits						
10. Matured endowments						
11. Annuity benefits						
						
13. Aggregate write-ins for miscellaneous direct claims and						
benefits paid	0	ļ0 ļ	0	D		
14. All other benefits, except accident and health						
15. Totals	0	0	0	0		
DETAILS OF WRITE-INS						
01						
03						
98. Summary of remaining write-ins for Line 13 from overflow	•			_		
pagé	0	J	0	j		
99. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0		

	Ordinary		Credit Life Ordinary (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,					0.011101					
prior year17. Incurred during current	0	0	0	0	0	0	0	0	0	0
year Settled during current year:									D	0
18.1 By payment in full 18.2 By payment on compromised claims .									0	0
18.3 Totals paid						0	0	0	0	0
18.5 Amount rejected		0							0	0
18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16+17-		0	μ	0	0	0		0	υ	0
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT 20. In force December 31,				(2)	No. of Policies					
prior year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year (a) Includes Individual Credit L	0	0	0	(a) 0	0 rent vear \$	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

ACCIDL	INI AND HE	ALIIIIIO	JIVANCE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24. Group policies (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.1 Non-cancelable (b)	1,096,604	1,108,788		692,189	694,782
25.3 Non-renewable for stated reasons only (b)					
25.3 Non-renewable for stated reasons only (b)					
25.5 All other (b)					
25.5 All other (b)	1,096,604	1,108,788	0	692,189	694,782
26. Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	1.096.604	1.108.788	0	692.189	694.782



DIRECT BUSINESS IN THE STATE OF New Mexico

DURING THE YEAR 2016

NC Group Code 1295	LIFE INSURANCE NAIC Company						
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5		
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total		
Life insurance	5,485				5 , 48		
Annuity considerations							
Deposit-type contract funds		XXX		XXX			
4. Other considerations							
5. Totals (Sum of Lines 1 to 4)	5,485	0	0	0	5,4		
DIRECT DIVIDENDS TO POLICYHOLDERS							
Life insurance:							
6.1 Paid in cash or left on deposit		 					
6.3 Applied to provide paid-up additions or shorten the							
endowment or premium paying period							
6.4 Other							
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0			
Annuities:							
7.1 Paid in cash or left on deposit							
7.2 Applied to provide paid-up annuities							
7.3 Other							
7.4 Totals (sum of Lines 7.1 to 7.3)	0	ļ0 <u> </u>	0	0			
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0			
DIRECT CLAIMS AND BENEFITS PAID							
9. Death benefits							
10. Matured endowments							
11. Annuity benefits	2,225				2,2		
12. Surrender values and withdrawals for life contracts							
13. Aggregate write-ins for miscellaneous direct claims and							
benefits paid	0	[0 <u>[</u>	0	0			
14. All other benefits, except accident and health							
15. Totals	2,225	0	0	0	2,2		
DETAILS OF WRITE-INS							
301.							
302.							
398. Summary of remaining write-ins for Line 13 from overflow			ļ				
page	0	[0	0	0			
399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0			

			Credit Life							
	O	rdinary	(Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH			No. of							
BENEFITS AND MATURED			Ind. Pols.							
ENDOWMENTS			&		No. of					
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										
year									0	0
Settled during current										
year:										
18.1 By payment in full									0	0
18.2 By payment on										
compromised claims						ļ				0
18.3 Totals paid		0	J	0	D	0	۵	0	D	J0
18.4 Reduction by										_
compromise										0
18.5 Amount rejected 18.6 Total settlements				Λ				^	L	ļ
19. Unpaid Dec. 31, current		0		0	0	0	0	0	J	JU
year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	0	0	٥
10.0)	0	0	· ·	0	No. of	0	0	0	0	0
POLICY EXHIBIT					Policies					
20. In force December 31.				(a)	i Olicies					
prior year	6	430 000	l 0	(a)	0	0	٥ ا	0	6	430.000
21. Issued during year			l						0	0
22. Other changes to in force			l							
(Net)	(1)	(110.000)							(1)	(110,000)
23. In force December 31	(' /		l	(a)					('/	,,
of current year	5	320,000	0	0	0	0	0	0	5	320,000
(a) Includes Individual Credit I			<u> </u>		rent vear \$	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	· ·	,

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

ACCIDE	ACCIDENT AND REALTH INSURANCE										
	1	2	3 Dividends Paid or	4	5						
		Direct Premiums	Credited On Direct		Direct Losses						
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred						
24. Group policies (b)											
24.1 Federal Employees Health Benefits Plan premium (b)											
24.2 Credit (Group and Individual)											
24.3 Collectively renewable policies (b)											
24.4 Medicare Title XVIII exempt from state taxes or fees											
Utilei iliuividuai Policies.			I								
25.1 Non-cancelable (b)											
25.2 Guaranteed renewable (b)	54,467	55 , 154		17 , 059	15 , 196						
25.3 Non-renewable for stated reasons only (b)	31,891	31,891									
25.4 Other accident only											
25.5 All other (b)											
25.5 All other (b)	86 , 358		0	17 , 059	15,196						
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	86.358	87.045	1 0	17.059	l 15.196						



DIRECT BUSINESS IN THE STATE OF New York

DURING THE YEAR 2016

C Group Code 1295		INSURANCI		NAIC Company Code 80799			
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total		
Life insurance							
Deposit-type contract funds		xxx		XXX			
5. Totals (Sum of Lines 1 to 4)	0	0	0	0			
DIRECT DIVIDENDS TO POLICYHOLDERS							
Life insurance:							
6.1 Paid in cash or left on deposit							
6.2 Applied to pay renewal premiums							
6.3 Applied to provide paid-up additions or shorten the							
endowment or premium paying period							
6.4 Other							
6.5 Totals (sum of Lines 6.1 to 6.4)	0	<u> </u> 0	0	0			
Annuities:							
7.1 Paid in cash or left on deposit							
7.2 Applied to provide paid-up annuities							
7.3 Other							
7.4 Totals (sum of Lines 7.1 to 7.3)	0	ļ0 ļ	0	0			
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0			
DIRECT CLAIMS AND BENEFITS PAID							
9. Death benefits							
Matured endowments							
1. Annuity benefits	63,950				63		
Aggregate write-ins for miscellaneous direct claims and	^			_			
benefits paid	0	J J					
4. All other benefits, except accident and health							
5. Totals	63,950	0	0	0	63		
DETAILS OF WRITE-INS							
1							
3							
8. Summary of remaining write-ins for Line 13 from overflow	^		_	_			
page		J	V	n			
99. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0			

	0	rdin on t		edit Life	_	2000	1	untrial		Fotol
-		dinary		ind Individual)		Group		ustrial		Γotal
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current							- 1			
year									0	0
Settled during current year:										
										0
18.2 By payment on compromised claims .									0	0
18.3 Totals paid 18.4 Reduction by compromise		0	0	0	0	0	0	0		
									ا ۵	
18.6 Total settlements		0		0	0			0		
19. Unpaid Dec. 31, current year (Lines 16+17-		0	υ	0						
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)						
prior year		5,000	0	0	0	0	0	0	1	5,000
									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	1	5,000	0	(a) 0	0	0	0	0	1	5,000

Includes from Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

ACCIDE	ACCIDENT AND HEALTH INSURANCE										
	1	2	3	4	5						
			Dividends Paid or								
		Direct Premiums	Credited On Direct		Direct Losses						
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred						
24. Group policies (b)											
24.1 Federal Employees Health Benefits Plan premium (b)											
24.2 Credit (Group and Individual)											
24.3 Collectively renewable policies (b)											
24.4 Medicare Title XVIII exempt from state taxes or fees											
Other Individual Policies:											
25.1 Non-cancelable (b)											
25.1 Non-cancelable (b)											
25.3 Non-renewable for stated reasons only (b)											
25.4 Other accident only											
25.5 All other (b)											
25.5 All other (b)		0]0	0]0						
26 Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	1 0	0	1 0	0	1 0						

6. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products indemnity only products and number of persons insured under



DIRECT BUSINESS IN THE STATE OF North Carolina

DURING THE YEAR 2016

AIC Group Code 1295	LIFE	NAIC Company C	NAIC Company Code 80799			
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5	
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total	
Life insurance	3,518				3,5	
Annuity considerations						
Deposit-type contract funds		XXX		XXX		
Other considerations						
5. Totals (Sum of Lines 1 to 4)	3,518	0	0	0	3,5	
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period						
6.4 Other						
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0		
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (sum of Lines 7.1 to 7.3)	0	l0	0	0		
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0		
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits						
0. Matured endowments						
11. Annuity benefits						
13. Aggregate write-ins for miscellaneous direct claims and	0					
benefits paid	U			U		
14. All other benefits, except accident and health	Λ					
15. Totals	U	U	0	0		
DETAILS OF WRITE-INS						
01						
02						
98. Summary of remaining write-ins for Line 13 from overflow	^	_	_	_		
page			h	h		
99. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	U	U	0	0		

	0	rdinary		edit Life and Individual)	(Group	In	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,	INO.	Amount	Gi. Certiis.	Amount	Certiis.	Amount	INO.	Amount	INO.	Amount
prior year17. Incurred during current	0	0	0	0	0	0	0	0	0	0
year Settled during current year:									0	0
18.1 By payment in full 18.2 By payment on compromised claims .									0	0
18.3 Totals paid 18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected 18.6 Total settlements									L	0
19. Unpaid Dec. 31, current year (Lines 16+17-	D		ι	0	0	0	0	0		
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT 20. In force December 31.				(a)	No. of Policies					
prior year21. Issued during year				0	0	0	0	0	10 0	423,000 0
22. Other changes to in force (Net)				(-)					0	0
23. In force December 31 of current year (a) Includes Individual Credit L	10	423,000	0	(a) 0	0 rrent vear \$	0	0	0	10	423,000

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

ACCIDE	INI AND HE	ALIH INS	JIANGE		
	1	2	3 Dividende Deid en	4	5
		55 .	Dividends Paid or		5
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
 24.1 Federal Employees Health Benefits Plan premium (b) 24.2 Credit (Group and Individual) 24.3 Collectively renewable policies (b) 24.4 Medicare Title XVIII exempt from state taxes or fees 					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b)	45,093	46,441		14,912	12,991
25.3 Non-renewable for stated reasons only (b)	13,804	13,804		12,329	4,007
25.4 Other accident only				, , , , , , , , , , , , , , , , , , ,	
25.5 All other (b).		[[
25.5 All other (b)	58,897	60,245	l0	27 , 241	16,998
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	58.897	60,245	0	27,241	16.998



DIRECT BUSINESS IN THE STATE OF North Dakota

DURING THE YEAR 2016

2. Annuit	sit-type contract funds	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4	5
2. Annuit	AND ANNUITY CONSIDERATIONS Insurance ty considerations sit-type contract funds			Group		
2. Annuit	isurance ty considerations sit-type contract funds		and Individual)	Group I		
2. Annuit	ty considerations sit-type contract funds			о.оср	Industrial	Total
	sit-type contract funds					0
3. Depos	71					0
1			XXX		XXX	0
	0011010010110	^				U
5. Totals	s (Sum of Lines 1 to 4)	U	U	0	U	U
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	nsurance:					0
	aid in cash or left on deposit					0
	- pro- to post to the pro-					0
er	pplied to provide paid-up additions or shorten the endowment or premium paying period					0
						0
	otals (sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annui						
	aid in cash or left on deposit					0
	pplied to provide paid-up annuities					0
7.3 Oth	ther					0
	otals (sum of Lines 7.1 to 7.3)	0	0 -	0	0	0
8. Grand	d Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
	n benefits					0
	red endowments					0
	ty benefits					0
						0
13. Aggreç	egate write-ins for miscellaneous direct claims and	0			,	0
benefit	its paid		U			U
15. Totals		0	0	0	0	0
	AILS OF WRITE-INS					
1303						
1398. Summ	nary of remaining write-ins for Line 13 from overflow	_			<u> </u>	^
	agé		Ď	<u>0</u>	Ď ŀ	0
1399. Total ((Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0 [0

	O	rdinary		edit Life and Individual)	(Group	In	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,							-			
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										
year									0	0
Settled during current										
year:										
18.1 By payment in full									L0	0
18.2 By payment on										
compromised claims .									L	0
18.3 Totals paid 18.4 Reduction by	0	0	JD	0	D	0		0	LD	0
compromise									_	ا ۱
18.5 Amount rejected									n	n
18.6 Total settlements	0	0	0	0	n	0	0	0	0	0
19. Unpaid Dec. 31, current										
year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)						
prior year	0	0	0	0	0	0	0	0	0	0
21. Issued during year									L	L0
22. Other changes to in force (Net)									0	0
23. In force December 31				(a)			0			
of current year	0	0	0	0	0	0	0	0	1 0	1 0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

ACCIDE	INI AND DE	ALIHINSU	JRANCE		
	1	2	3 Dividends Paid or	4	5
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b).					
24. Group policies (b)					
Credit (Group and Individual) Collectively renewable policies (b)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	10 , 409	10 , 409		4,349	4,462
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b)		10,409	0	4,349	4,462
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	10,409	10,409	0	4,349	4,462



DIRECT BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2016

IC Group Code 1295	LIFF	INSURANCI	E	NAIC Company C	ada 80700
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
Life insurance	5,876				5,8
Annuity considerations					
Deposit-type contract funds		XXX		XXX	
5. Totals (Sum of Lines 1 to 4)	5,876	0	0	0	5,8
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the					
endowment or premium paying period					
6.4 Other					
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	
DIRECT CLAIMS AND BENEFITS PAID			-	•	
9. Death benefits	60 088				60
10. Matured endowments					,
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts.					
13 Aggregate write-ins for miscellaneous direct claims and					
benefits paid	0	0	0	0	
15. Totals	60.088	0	0	0	60,
DETAILS OF WRITE-INS	22,000			<u> </u>	
501.					
002.					
898. Summary of remaining write-ins for Line 13 from overflow					
page	0	0	0	n l	
999. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	n	

	0	rdinary		edit Life and Individual)	(Group	Inc	dustrial		Total
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	1	2	3 No. of Ind. Pols. &	4	5 No. of	6	7	8	9	10
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year									2	60.088
Settled during current year: 18.1 By payment in full										60.088
18.2 By payment on compromised claims										0
18.3 Totals paid 18.4 Reduction by compromise	2	60,088	J0	0	0	l0	0	0	2	60,088
18.5 Amount rejected			<u> </u>						0	0
18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16+17-	2	60,088	0	0	0	0	0	0	2	60,088
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT 20. In force December 31,				(a)	No. of Policies					
prior year21. Issued during year		360,000		0	0	0	0	0	9 0	360,000 0
22. Other changes to in force (Net)	(2)	(60,000)		(a)					(2)	(60,000)
of current year	7	300,000	0	(a) 0	0	0	0	0	7	300,000

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

ACCIDE	INI AND HE	ALIIIII	JIVANCE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	95,503	98,594		52 , 845	47 , 378
25.3 Non-renewable for stated reasons only (b)	9,466	9,466		21 , 135	6,868
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	104,969	108,060	0	73,980	54,246
26. Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	104.969	108.060	1 0	73.980	54.246



DIRECT BUSINESS IN THE STATE OF Oklahoma

DURING THE YEAR 2016

C Group Code 1295	1 1		3	NAIC Company C	5	
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	Group	4 Industrial	5 Total	
Life insurance	144	, in the second				
Annuity considerations						
3. Deposit-type contract funds		XXX		XXX		
5. Totals (Sum of Lines 1 to 4)	144	0	0 [0 [
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit				1		
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the						
endowment or premium paying period						
6.4 Other						
6.5 Totals (sum of Lines 6.1 to 6.4)	Λ	0	·····	·····		
Annuities:				J		
7.1 Paid in cash or left on deposit						
			I			
7.2 Applied to provide paid-up annuities						
7.3 Other	Λ					
7.4 Totals (sum of Lines 7.1 to 7.3)	U	0	h	h		
8. Grand Totals (Lines 6.5 + 7.4)	U	0	0	0		
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits						
Matured endowments						
1. Annuity benefits					14 ,	
Surrender values and withdrawals for life contracts						
Aggregate write-ins for miscellaneous direct claims and						
benefits paid	0	0	0	0		
All other benefits, except accident and health						
5. Totals	14,300	0	0	0	14 ,	
DETAILS OF WRITE-INS						
1						
2						
3						
8. Summary of remaining write-ins for Line 13 from overflow						
page	0	0	0	0		
99. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0		

	0	rdinary		edit Life and Individual)	(Group	In	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	, No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year17. Incurred during current	0	0	0	0	0	0	0	0	0	0
year Settled during current year:									0	0
18.1 By payment in full 18.2 By payment on compromised claims .									0	0
18.3 Totals paid 18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected									0	0
18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16+17-	υ	0	0	0	0	0	0	0	Ω	0
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year				(a) 0	0	0	0	0	1	20,000
21. Issued during year									0	0
23. In force December 31 of current year (a) Includes Individual Credit I.	1	20,000	0	(a) 0	0	0	0	0	1	20,000

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$.

ACCIDENT AND HEALTH INSURANCE

ACCIDE	INI AND DE	ALIHINSU	JRANCE		
	1	2	3 Dividends Paid or	4	5
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24. Group policies (b)					
 24.2 Credit (Group and Individual) 24.3 Collectively renewable policies (b) 24.4 Medicare Title XVIII exempt from state taxes or fees 					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b)					
25.2 Guaranteed renewable (b)	13,775	13,775		854	701
25.3 Non-renewable for stated reasons only (b)	8,095	8,095		24,658	8,013
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b)	21,870	21,870	0	25,512	8,714
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	21,870	21,870	0	25,512	8,714



DIRECT BUSINESS IN THE STATE OF Oregon

DURING THE YEAR 2016

Con Book Cook The STATE Of Olegon		INICIIDANIC	_	DONING THE TE			
IC Group Code 1295	LIFE	INSURANC		NAIC Company C	NAIC Company Code 80799		
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5		
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total		
Life insurance							
Deposit-type contract funds	215	XXX		XXX	2		
Other considerations							
5. Totals (Sum of Lines 1 to 4)	215	0	0	0	2		
DIRECT DIVIDENDS TO POLICYHOLDERS							
Life insurance:							
6.1 Paid in cash or left on deposit							
6.2 Applied to pay renewal premiums							
6.3 Applied to provide paid-up additions or shorten the							
endowment or premium paying period							
6.4 Other							
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	D	0			
Annuities:							
7.1 Paid in cash or left on deposit							
7.2 Applied to provide paid-up annuities							
7.3 Other							
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0 J	0			
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0			
DIRECT CLAIMS AND BENEFITS PAID							
Death benefits							
10. Matured endowments							
11. Annuity benefits							
12. Surrender values and withdrawals for life contracts							
Aggregate write-ins for miscellaneous direct claims and							
benefits paid	0	0	0	0			
14. All other benefits, except accident and health							
15. Totals	0	0	0	0			
DETAILS OF WRITE-INS							
301							
302							
303							
398. Summary of remaining write-ins for Line 13 from overflow			.				
pagé	0		0	Q			
399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0			

				edit Life						
L	O	rdinary	(Group a	nd Individual)	(Group	In	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED			No. of Ind. Pols.							
ENDOWMENTS INCURRED	No.	Amount	& Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										
year									0	0
Settled during current										
year:										
									0	0
18.2 By payment on										
									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by										
compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements		0	J	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current										
year (Lines 16+17-						_				
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)						
prior year	1	15,000	0	0	0	0	0	0	1	15,000
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31				(a)						
of current year	1	15,000	0	0	0	0	0	0	1	15,000
a) Includes Individual Credit Li	ife Insurance	e: prior year \$		CU	rrent vear \$					

Includes from Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

AGGIDEI		AL 111 1110			
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
74 T Federal Employees Health Renetits Plan fremilim (f)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)			I		
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b)	0	0	0	0	<u> </u> 0
26 Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	0	0	1 0	0	l n

6. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products indemnity only products ... and number of persons insured under



DIRECT BUSINESS IN THE STATE OF Pennsylvania

DURING THE YEAR 2016

C Group Code 1295	4		2 1	NAIC Company Code 80799 4 5		
DIRECT PREMIUMS	1	Credit Life (Group	3	4	5	
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total	
Life insurance						
Annuity considerations						
Deposit-type contract funds		XXX		XXX		
4 60						
5. Totals (Sum of Lines 1 to 4)	0	0	0	0		
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the						
endowment or premium paying period						
6.4 Other						
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0		
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other		 				
7.4 Totals (sum of Lines 7.1 to 7.3)	0	ļ0 ļ	D	0		
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0		
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits						
10. Matured endowments						
11. Annuity benefits						
13. Aggregate write-ins for miscellaneous direct claims and						
benefits paid	0	J D J	0			
14. All other benefits, except accident and health	^	ļ				
15. Totals	0	0	0	0		
DETAILS OF WRITE-INS						
01		ļ				
03						
98. Summary of remaining write-ins for Line 13 from overflow	^			_		
page	ū	Ū	Ď ŀ	N		
99. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0		

	0	rdinary		edit Life Ind Individual)	,	Group	Inc	dustrial		Total
	1	2	3	/ /	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	2 Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	o Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year									0	٥
Settled during current year:										
18.2 By payment on			.						0	0
compromised claims.									0	0
18.4 Reduction by		0	L0	0	0	0	0	0	0	0
compromise 18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
,	0	U	0	0	No. of	0	0	U	0	0
POLICY EXHIBIT 20. In force December 31,				(a)	Policies					
prior year	0	0	0	0	0	0	0	0	0	0
21. Issued during year									0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

ACCIDE	-NI AND IIL	ALIIIIII	JIVANCE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	96,344	98 , 432		58,819	55 , 880
25.3 Non-renewable for stated reasons only (b)	(2,443)	(2,443)			
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b)	93,901	95,989	0	58,819	55,880
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	93.901	95.989	0	58.819	55.880



DIRECT BUSINESS IN THE STATE OF Rhode Island

DURING THE YEAR 2016

NAIC (Group Code 1295	LIFE	INSURANC	CE	NAIC Compan	y Code 80799
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
1.	Life insurance					0
	Annuity considerations					l0
	-1		XXX		XXX	ļ0
	Other considerations					J0
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	0
	DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance: 6.1 Paid in cash or left on deposit					0
	6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0
	6.5 Totals (sum of Lines 6.1 to 6.4) Annuities: 7.1 Paid in cash or left on deposit	0	0	0	0	0
	7.2 Applied to provide paid-up annuities					0
	7.4 Totals (sum of Lines 7.1 to 7.3)		0 0			J
0.	DIRECT CLAIMS AND BENEFITS PAID	U	U	U	U	U
10. 11.	Death benefits Matured endowments Annuity benefits					0 0 0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
	Totals	0	0	0	0	0
1301.	DETAILS OF WRITE-INS					
1302.						
	Summary of remaining write-ins for Line 13 from overflow page	0	0	<u>0</u>	0	
1399.	Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	<u> </u>

			Cr	edit Life						
	O	rdinary		nd Individual)	(Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS			No. of Ind. Pols. &		No. of					
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full 18.2 By payment on									0	0
compromised claims.									0	0
18.4 Reduction by		0		0	0	0	0	0		J
compromise 18.5 Amount rejected									0	0
18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16+17-	0	0	l0	0	0	0	0	0	0	0
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	0	(a) 0	0	0	0	0	0	0
21. Issued during year									0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

ACCIDE	INI AND HE	ALIHINS	JRANCE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b).					
24. Group policies (b) 24.1 Federal Employees Health Benefits Plan premium (b) 24.2 Credit (Group and Individual).					
Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.1 Non-cancelable (b)	4,259	4,258		14,469	14,553
25.3 Non-renewable for stated reasons only (b)					
25.3 Non-renewable for stated reasons only (b)					
25.5 All other (b)					
25.5 All other (b)	4,259	4,258	0	14 , 469	14,553
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4.259	4.258	0	14,469	14.553



DIRECT BUSINESS IN THE STATE OF South Carolina

DURING THE YEAR 2016

C Group Code 1295	1	2	3		C Company Code 80799	
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total	
Life insurance	6,081				6,	
Deposit-type contract funds		XXX		XXX		
5. Totals (Sum of Lines 1 to 4)	6.081	0	0	0	6.	
DIRECT DIVIDENDS TO POLICYHOLDERS	.,				- ,	
Life insurance:						
6.1 Paid in cash or left on deposit				1		
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the						
endowment or premium paying period				1		
6.4 Other						
6.5 Totals (sum of Lines 6.1 to 6.4)	Λ	0	·····	·····		
Annuities:	υ					
7.1 Paid in cash or left on deposit				1		
			I .			
7.2 Applied to provide paid-up annuities						
7.3 Other	Λ					
7.4 Totals (sum of Lines 7.1 to 7.3)	U	0	h	h		
8. Grand Totals (Lines 6.5 + 7.4)	U	U	U	0		
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits						
Matured endowments						
Annuity benefits						
Surrender values and withdrawals for life contracts						
Aggregate write-ins for miscellaneous direct claims and	_					
benefits paid	0	0	0	0		
4. All other benefits, except accident and health						
5. Totals	0	0	0	0		
DETAILS OF WRITE-INS						
1						
3						
8. Summary of remaining write-ins for Line 13 from overflow						
pagé	0	[0 [0	0		
99. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0		

	O	rdinary		edit Life and Individual)	(Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	·	_	No. of Ind. Pols.	·	No. of	Č	·	Ü		.,
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										
year									0	0
Settled during current										
year:										
18.1 By payment in full									0	0
18.2 By payment on										
compromised claims.									0	0
18.3 Totals paid	0	0	۵	0	0	0		0	l	0
18.4 Reduction by										
compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	۵	0	0	0	0	0	l	0
19. Unpaid Dec. 31, current										
year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	0	0	0
BOLIOV EVIUDIT					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31,	4	205 000		(a)	0	0	0	0	,	205 000
prior year				0	0	0	0	0	4	205,000
									J [0
22. Other changes to in force (Net)									0	0
23. In force December 31				(a)						
of current year	4	205,000	0	0	0	0	0	0	4	205,000
a) Includes Individual Credit L	ife Insurance		· · · · · · · · · · · · · · · · · · ·	Cui	rrent vear \$				· · · · · · · · · · · · · · · · · · ·	

Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

ACCIDE	INI AND HE	ALIHINS	JAMICE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b) 24.2 Credit (Group and Individual)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b)					
25.2 Guaranteed renewable (b)	126,977	128,345		126 , 157	129,709
25.3 Non-renewable for stated reasons only (b)	5,957	5,957		59,884	19,460
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b)	132,934	134,302	0	186,041	149,169
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	132.934	134.302	0	186.041	149.169



DIRECT BUSINESS IN THE STATE OF South Dakota

DURING THE YEAR 2016

AIC Group Code 1295	LIFE INSURANCE NAIC Company Code							
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5 Total			
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial				
1. Life insurance	308				3			
Deposit-type contract funds		ХХХ		XXX				
Other considerations								
5. Totals (Sum of Lines 1 to 4)	308	0	0	0	3			
DIRECT DIVIDENDS TO POLICYHOLDERS								
Life insurance:								
6.1 Paid in cash or left on deposit								
6.3 Applied to provide paid-up additions or shorten the								
endowment or premium paying period								
6.4 Other								
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0 .		0				
Annuities:								
7.1 Paid in cash or left on deposit								
7.2 Applied to provide paid-up annuities								
7.3 Other								
7.4 Totals (sum of Lines 7.1 to 7.3)		U	<u>0</u>	p				
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0				
DIRECT CLAIMS AND BENEFITS PAID								
9. Death benefits								
10. Matured endowments								
11. Annuity benefits								
13. Aggregate write-ins for miscellaneous direct claims and	٥	١	0	0				
benefits paid 14. All other benefits, except accident and health	U	J	J	J				
15. Totals	Λ	h	·····	·····				
DETAILS OF WRITE-INS	0	U	0					
DETAILS OF WRITE-INS								
302								
303								
page	Λ	ا ۱	n	n				
399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	 N	n	h	h				
333. Total (Lines 1301 tillough 1303 + 1330) (Line 13 above)	U	0	0 1	0				

	Oi	rdinary		edit Life and Individual)	(Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,	INO.	Amount	Gr. Certiis.	Amount	Certiis.	Amount	INO.	Amount	NO.	Amount
prior year17. Incurred during current			0	0	0	0	0	0	0	0
year Settled during current year:									0	0
18.1 By payment in full 18.2 By payment on compromised claims .										0
18.3 Totals paid 18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected									0	0
18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16+17-	0	0	0	0	0	0	0	0	0	0
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT 20. In force December 31.				(a)	No. of Policies					
prior year21. Issued during year				(a) 0	0	0	0	0	1 0	5,000
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year (a) Includes Individual Credit L	1	5,000	0	(a) 0	0 rrent vear \$	0	0	0	1	5,000

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

ACCIDE	INI AND HE	ALIHINS	JRANCE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24. Group policies (b) 24.1 Federal Employees Health Benefits Plan premium (b) 24.2 Credit (Group and Individual).					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.1 Non-cancelable (b)25.2 Guaranteed renewable (b)	60,774	60,659	0	29,895	30,998
25.3 Non-renewable for stated reasons only (b)					
25.3 Non-renewable for stated reasons only (b)					
25.5 All other (b)					
25.5 All other (b)	60,774	60,659	0	29,895	30,998
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	60.774	60,659	0	29,895	30,998



DIRECT BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2016

AIC Group Co	de 1295	LIFE	INSURANC	E	NAIC Company C	ode 80799
	DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total
		5,848				5,8
Annuity	considerations					
Deposit-	type contract funds		XXX		XXX	
Other co	onsiderations					
5. Totals (Sum of Lines 1 to 4)	5,848	0	0	0	5,8
	DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insu	rance:					
	in cash or left on deposit		L			
	ied to pay renewal premiums					
	ied to provide paid-up additions or shorten the					
	owment or premium paying period					
6.4 Othe	er					
6.5 Tota	Is (sum of Lines 6.1 to 6.4)	0	0	0	0	
Annuitie						
	in cash or left on deposit					
	ied to provide paid-up annuities					
	er					
	ls (sum of Lines 7.1 to 7.3)		0	Λ	0	
	otals (Lines 6.5 + 7.4)			h		
o. Granu i	DIRECT CLAIMS AND BENEFITS PAID	U	· · · · · · · · · · · · · · · · · · ·	0	0	
0 Daath h						
	enefits		····			
	endowments		·····			
	benefits					
	er values and withdrawals for life contracts					
13. Aggrega	te write-ins for miscellaneous direct claims and	0				
benefits	paid			U		
	benefits, except accident and health					
15. Totals		0	0	0	0	
	S OF WRITE-INS					
303						
398. Summa	y of remaining write-ins for Line 13 from overflow					
pag	é	0	L0 L	0	0	
	nes 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	

	Oı	rdinary		edit Life and Individual)	(Group	Inc	dustrial		Total
ĺ	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
17. Incurred during current	0	0	0	0	0	0	0	0	0	0
year Settled during current year: 18.1 By payment in full									0	0
18.2 By payment on compromised claims .									0	0
18.3 Totals paid 18.4 Reduction by compromise					U	0	U	0	0	0
18.5 Amount rejected									0	0
18.6 Total settlements 19. Unpaid Dec. 31, current year (Lines 16+17-	0	0	0	0	0	0	0	0	0	0
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year			0	(a) 0	0	0	0	0	11	940,017
21. Issued during year									0	0
23. In force December 31 of current year	11	940,017	0	(a) 0	0	0	0	0	11	940,017

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ current year Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3 Dividends Paid or	4	5
	Direct Premiums	Direct Premiums Earned	Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.3 Collectively renewable policies (b) 24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	14,725	14 , /25	J0	4 , 485	4 , 48/
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	44.705			4 405	4 407
25.6 Totals (sum of Lines 25.1 to 25.5)	14,725	14,725	ļū	4 , 485	4,48/
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	14,725	14,725	0	4,485	4,48/



DIRECT BUSINESS IN THE STATE OF Texas

DURING THE YEAR 2016

AIC Gro	up Code 1295	LIFE INSURANCE NAIC Company Code							
		1	2	3	4	5			
	DIRECT PREMIUMS		Credit Life (Group						
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total			
	fe insurance	8,196				8 , 19			
2. Ar	nnuity considerations								
3. De	eposit-type contract funds		XXX		XXX				
4. Of									
5. To	otals (Sum of Lines 1 to 4)	8,196	0	0	0	8,1			
	DIRECT DIVIDENDS TO POLICYHOLDERS								
Lit	fe insurance:								
6.	1 Paid in cash or left on deposit								
6.	2 Applied to pay renewal premiums								
6.	3 Applied to provide paid-up additions or shorten the								
	endowment or premium paying period								
	4 Other								
6.	5 Totals (sum of Lines 6.1 to 6.4)	0	0		0				
	innuities:								
7.	1 Paid in cash or left on deposit								
7.	2 Applied to provide paid-up annuities								
7.	3 Other								
7.	4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0				
8. G	rand Totals (Lines 6.5 + 7.4)	0	0	0	0				
	DIRECT CLAIMS AND BENEFITS PAID								
9. De	eath benefits								
10. M	atured endowments								
11. Ar	nnuity benefits	37 , 225				37,2			
12. St									
13. Ag	ggregate write-ins for miscellaneous direct claims and								
be	enefits paid	0	0	0	0				
14. AI	ll other benefits, except accident and health								
15. To	otals	37,225	0	0	0	37,2			
DI	ETAILS OF WRITE-INS								
301									
302									
303									
398. Si	ummary of remaining write-ins for Line 13 from overflow								
	page	0	0	0 l	0 L				
399 To	otal (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0				

	Ο	rdinary		edit Life and Individual)		Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	, No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current										
year									0	0
Settled during current										
year:										
18.1 By payment in full									0	0
18.2 By payment on										
compromised claims.									0	0
18.3 Totals paid	0	0	۵	0	0	0	0	0	Ω	0
18.4 Reduction by										
compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	۵	0	0	0	0	0	۵	0
19. Unpaid Dec. 31, current										
year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)						
prior year	16	1,424,000	0	0	0	0	0	0	16	1,424,000
21. Issued during year									L0	L0
22. Other changes to in force										
(Net)	0	(300,000)	.						٥	(300,000)
23. In force December 31		,		(a)						' '
of current year	16	1,124,000	0	0	0	0	0	0	16	1,124,000
a) Includes Individual Credit L	ife Incurance	e prior year \$		CIII	rrent vear \$					

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

ACCIDE	IN I AND HE	ALIHINS	JRANCE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b).					
24. Group policies (b) 24.1 Federal Employees Health Benefits Plan premium (b) 24.2 Credit (Group and Individual).					
Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	232,833	233,989		134 ,099	133,410
Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated reasons only (b)	136,662,474	136,662,474		92,220,571	108,173,603
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b)	136,895,307	136,896,463	<u> </u> 0	92,354,670	
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	136.895.307	136,896,463	0	92.354.670	108,307,013



DIRECT BUSINESS IN THE STATE OF Utah

DURING THE YEAR 2016

IAIC	Group Code 1295	LIFE	INSURANCI	E	NAIC Company C	ode 80799
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1			and individual)	Огоир	Illuustilai	TOtal
1.	Life insurance					
			XXX		VVV	
	- · · · · · · · · · · · · · · · · · · ·		·····			
	Totals (Sum of Lines 1 to 4)	Λ	l	n	n	
5.		U	0	0	0	
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
	6.1 Paid in cash or left on deposit					
	6.2 Applied to pay renewal premiums					
	6.3 Applied to provide paid-up additions or shorten the					
	endowment or premium paying period		····			
			ļ			
	6.5 Totals (sum of Lines 6.1 to 6.4)		U	U	U J	
	Annuities:					
	7.1 Paid in cash or left on deposit					
	7.2 Applied to provide paid-up annuities					
	7.3 Other					
	7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	D	0	
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					
10	Matured endowments					
11.	Annuity benefits					
	Surrender values and withdrawals for life contracts.					
	Aggregate write-ins for miscellaneous direct claims and					
	benefits paid	0	L0 L	0 L	0 L	
14	All other benefits, except accident and health		<u> </u>			
	Totals	0	0	0	0	
	DETAILS OF WRITE-INS					
301						
302						
398	Summary of remaining write-ins for Line 13 from overflow					
550	page	0	n l	n l	n l	
399	Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	n l	n	n l	
	Total (Ellios 1001 tillough 1000 - 1000) (Ellio 10 above)		· · · · · · · · · · · · · · · · · · ·	<u> </u>		

	O	rdinary		edit Life Ind Individual)	(Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	- Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current									0	0
Settled during current year: 18.1 By payment in full									0	0
18.2 By payment on compromised claims .									0	0
18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected							0	0	0	0
18.6 Total settlements 19. Unpaid Dec. 31, current	0	0		0	0	0	0	0	0	0
year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	0	(a)0	0	0	0	0	0	0
21. Issued during year									0	0
23. In force December 31 of current year (a) Includes Individual Credit I.	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

ACCIDE	INI AND HE	ALIHINS	JRANCE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24. Group policies (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.1 Non-cancelable (b)	9,460	8,978		8 , 137	6,909
25.3 Non-renewable for stated reasons only (b)					
25.3 Non-renewable for stated reasons only (b)					
25.5 All other (b)					
25.5 All other (b)	9,460	8,978	0	8,137	6,909
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	9.460	8.978	1 0	8.137	6.909



DIRECT BUSINESS IN THE STATE OF Vermont

DURING THE YEAR 2016

C Group Code 1295	LIFE INSURANCE NAIC Company Code 80799								
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5				
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total				
1. Life insurance									
		VVV		XXX					
Deposit-type contract funds									
	Λ								
5. Totals (Sum of Lines 1 to 4)	U	U	0	U					
DIRECT DIVIDENDS TO POLICYHOLDERS									
Life insurance:									
6.1 Paid in cash or left on deposit									
6.2 Applied to pay renewal premiums		ļ							
6.3 Applied to provide paid-up additions or shorten the									
endowment or premium paying period									
6.4 Other	Λ	ļ							
6.5 Totals (sum of Lines 6.1 to 6.4)				l					
Annuities:									
7.1 Paid in cash or left on deposit									
7.2 Applied to provide paid-up annuities									
7.3 Other									
7.4 Totals (sum of Lines 7.1 to 7.3)		u							
8. Grand Totals (Lines 6.5 + 7.4) DIRECT CLAIMS AND BENEFITS PAID	U	U	0	U					
9. Death benefits									
10. Matured endowments									
Annuity benefits		i i							
Surrender values and withdrawais for life contracts									
benefits paid	Λ	n	n	n					
14. All other benefits, except accident and health	U								
15. Totals	Λ	n	n	n					
DETAILS OF WRITE-INS	0	· · · · · · · · · · · · · · · · · · ·	- 0	· · · · · · · · · · · · · · · · · · ·					
01.									
02.									
303									
page	Λ	n	n	n					
99. Total (Lines 1301 through 1303 + 1398) (Line 13 above)		l	n	n					
1000 1000 (Lines 1301 (Illough 1303 + 1390) (Line 13 above)	U	0	0	0					

			Cr	Credit Life						
	Oı	rdinary	(Group a	ind Individual)		Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH			No. of							
BENEFITS AND MATURED			Ind. Pols.							
ENDOWMENTS			&		No. of					
INCURRED	No.	Amount	Gr. Certifs.	Amount	Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,					_					
prior year		0	 .0	0	0	0	0	0	L	0
17. Incurred during current										
year									D	0
Settled during current										
year: 18.1 By payment in full									_	_
18.2 By payment on										⁰
compromised claims .									n .	٥
18.3 Totals paid		Λ	n	0			0	0	n	0 n
18.4 Reduction by										
compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements		0	0	0	0	0	0	0	Ω	0
19. Unpaid Dec. 31, current										
year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	0	0	0
					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31,				(a)	_					
prior year	0	0	 0	0	0	L0	0	ļ0	ļ0	ļ0
21. Issued during year									L0	<u> </u> 0
22. Other changes to in force										
(Net)									J	0
23. In force December 31	0	0	0	(a)	0	٥	0	_	١ ,	_
of current year (a) Includes Individual Credit I		U prior voor C	<u> </u>	U	rent vear \$	<u> </u>	0	l 0	1 0	<u> </u>

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

ACCIDE	INI AND HE	ALIH INSU	JAMICE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.3 Collectively renewable policies (b)					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.1 Non-cancelable (b)	19,891	20,904		20,695	20,733
25.3 Non-renewable for stated reasons only (b)					
25.3 Non-renewable for stated reasons only (b)					
25.5 All other (b)					
25.5 All other (b)	19,891	20,904	0	20,695	20,733
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	19.891	20.904	0	20.695	20.733



DIRECT BUSINESS IN THE STATE OF Virginia

DURING THE YEAR 2016

AIC Group Code 1295	LIFE INSURANCE NAIC Company Code 80799									
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5					
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total					
Life insurance	7 , 187				7 , 18					
Annuity considerations										
Deposit-type contract funds		XXX		XXX						
5. Totals (Sum of Lines 1 to 4)	7,187	0	0	0	7,1					
DIRECT DIVIDENDS TO POLICYHOLDERS										
Life insurance:										
6.1 Paid in cash or left on deposit										
6.2 Applied to pay renewal premiums										
6.3 Applied to provide paid-up additions or shorten the										
endowment or premium paying period										
6.4 Other										
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0						
Annuities:	······									
7.1 Paid in cash or left on deposit		İ								
7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0						
8. Grand Totals (Lines 6.5 + 7.4)	0	0	n l	0						
DIRECT CLAIMS AND BENEFITS PAID		Ů								
9. Death benefits	5 057				5.1					
10. Matured endowments										
11. Annuity benefits		····								
Surrender values and withdrawals for life contracts										
13. Aggregate write-ins for miscellaneous direct claims and		····								
benefits paid	0	0	0	0						
14. All other benefits, except accident and health										
15. Totals	5.057	0	0	0	5,0					
DETAILS OF WRITE-INS	0,007	· · · · · · · · · · · · · · · · · · ·			0,1					
BO1.										
802.		····								
398. Summary of remaining write-ins for Line 13 from overflow	Λ	_	_	_						
page	0	J	0	h						
399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	U	0	0	0						

	O	rdinary		edit Life and Individual)	(Group	Inc	dustrial		Total
1	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	0	l 0	0	0	0	0	0	0	0
17. Incurred during current										
year	1	5 057							1	5 057
Settled during current		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								, 001
year:										
18.1 By payment in full	1	5 057	İ						1	5.057
18.2 By payment on		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								, 001
compromised claims .									0	0
18.3 Totals paid	1	5,057	0	0	n	0	0	0	1	5 057
18.4 Reduction by		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								,,,,,,,
compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements			0	0	n	0	0	0	1	5 057
19. Unpaid Dec. 31, current		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
year (Lines 16+17-										
18.6)	0	0	l 0	0	0	0	0	0	0	0
1313)	_	•		_	No. of	-		-	-	-
POLICY EXHIBIT					Policies					
20. In force December 31,				(a)						
prior year	18	1,595,000	0		0	0	0	0	18	1,595,000
21. Issued during year		, , , , , , , , , , , , , , , , , , , ,	[0	0
22 Other changes to in force			l							
(Net)	(3)	(355,000)	<u> </u>						(3)	(355.000)
23. In force December 31	(0)		[(a)					(0)	
of current year	15	1,240,000	0	0	0	0	0	0	15	1,240,000

current year \$ (a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
1 24.1 Federal Employees Health Benefits Plan premium (b)			l		
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.1 Non-cancelable (b)		96,918		54,592	56,726
25.3 Non-renewable for stated reasons only (b)	L				
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b)		96,918	0	54,592	56,726
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	88,246	96,918	0	54,592	56,726



DIRECT BUSINESS IN THE STATE OF Washington

DURING THE YEAR 2016

NAIC G	Group Code 1295	LIFE	INSURANC	CE	NAIC Company Code 80799		
		1	2	3	4	5	
	DIRECT PREMIUMS	0 "	Credit Life (Group				
	AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total	
	Life insurance					J	
	,				VVV	J	
	-1		XXX		XXX	ļU	
	Other considerations				Λ	JU	
5.	Totals (Sum of Lines 1 to 4)	U	U	U	U	U	
	DIRECT DIVIDENDS TO POLICYHOLDERS						
	Life insurance:					_	
	6.1 Paid in cash or left on deposit					JU	
						ļ	
	6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period					0	
	6.4 Other					0	
	6.5 Totals (sum of Lines 6.1 to 6.4)	0	0 l	0	0	0	
	Annuities:						
	7.1 Paid in cash or left on deposit					0	
	7.2 Applied to provide paid-up annuities					0	
	7.3 Other					0	
	7.4 Totals (sum of Lines 7.1 to 7.3)	0	0	0	0	0	
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0	
	DIRECT CLAIMS AND BENEFITS PAID						
9.	Death benefits					0	
10.	Matured endowments					0	
	Annuity benefits					0	
						J0	
13.	Aggregate write-ins for miscellaneous direct claims and				•		
	benefits paid		0		0	0	
						0	
15.	Totals	0	0	0	0	0	
	DETAILS OF WRITE-INS						
1303.							
1398.	Summary of remaining write-ins for Line 13 from overflow	0		_	0		
1000	page	0	Ď	ŏ ŀ	<u>0</u>	ļū	
1399.	Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0]	0	0	

	O	rdinary	Credit Life (Group and Individual) Group Industrial		(Group	Inc	dustrial		Total
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	- Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current									0	0
Settled during current year: 18.1 By payment in full									0	0
18.2 By payment on compromised claims .									0	0
18.3 Totals paid							0	0	0	0
18.6 Total settlements 19. Unpaid Dec. 31, current	0	0		0	0	0	0	0	0	0
year (Lines 16+17- 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	0	(a)0	0	0	0	0	0	0
21. Issued during year									0	0
23. In force December 31 of current year (a) Includes Individual Credit I.	0	0	0	(a) 0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

ACCIDE	NI AND HE	.AL 111 11451	DIVAIVE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.1 Non-cancelable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b)		0]0	0]0
26 Totals (Lines 24 + 24 1 + 24 2 + 24 3 + 24 4 + 25 6)	1 0	0	1 0	0	1 0

6. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products indemnity only products and number of persons insured under



DIRECT BUSINESS IN THE STATE OF West Virginia

DURING THE YEAR 2016

Group Code 1295	LIFE	INSURANCI		NAIC Company Code 80799		
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5	
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total	
1. Life insurance						
Deposit-type contract funds		ļ		XXX		
5. Totals (Sum of Lines 1 to 4)	0	0	0	0		
DIRECT DIVIDENDS TO POLICYHOLDERS						
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the endowment or premium paying period						
6.4 Other						
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0		
Annuities:						
7.1 Paid in cash or left on deposit						
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (sum of Lines 7.1 to 7.3)		0	0	0		
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0		
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits						
10. Matured endowments						
11. Annuity benefits						
12. Surrender values and withdrawals for life contracts						
13. Aggregate write-ins for miscellaneous direct claims and						
benefits paid	0	J0 J	0	0		
14. All other benefits, except accident and health						
15. Totals	0	0	0	0		
DETAILS OF WRITE-INS						
301						
02						
03						
98. Summary of remaining write-ins for Line 13 from overflow						
page	0	<u>0</u>	0	<u> </u>		
99. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0		

	O	rdinary	Credit Life (Group and Individual)			Group	In	dustrial	Total	
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	, No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year 17. Incurred during current		0	0	0	0	0	0	0	0	0
year Settled during current									0	0
year: 18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid 18.4 Reduction by compromise		0	ι			0	U	0		
18.5 Amount rejected									0	0
	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17-18.6)	0	0	0	0	0		0		0	0
18.6)	0	U	0	U	No. of	0	0	0	0	U
POLICY EXHIBIT 20. In force December 31.				(a)	Policies					
prior year	0	0	0	0	0	0	0	0	0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0
(a) Includes Individual Credit L	ife Insurance	e: prior year \$		cui	rrent year \$					
Includes Group Credit Life								rent year \$		
Loans greater than 60 mon	ths at issue	BUT NOT GREA	TER THAN 1	20 MONTHS, pric	or year \$		current	t year \$		-

ACCIDENT AND HEALTH INSURANCE

ACCIDE	IN I AND HE	ALIHINS	DIVANCE		
	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24. Group policies (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.1 Non-cancelable (b)	21,466	25 , 140		13,542	13,019
25.3 Non-renewable for stated reasons only (b)					
25.3 Non-renewable for stated reasons only (b)					
25.5 All other (b)					
25.5 All other (b)	21,466	25,140	0	13,542	13,019
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	21.466	25.140	0	13,542	13.019



DIRECT BUSINESS IN THE STATE OF Wisconsin

DURING THE YEAR 2016

C Group Code 1295	LIFE INSURANCE			NAIC Company Code 3 4		
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total	
	1,541	and marriagaly		ddot.idi	1.5	
Deposit-type contract funds		XXX		XXX		
Other considerations						
5. Totals (Sum of Lines 1 to 4)	1.541	0	0	0	1.5	
DIRECT DIVIDENDS TO POLICYHOLDERS	.,	, i			.,.	
Life insurance:						
6.1 Paid in cash or left on deposit						
6.2 Applied to pay renewal premiums						
6.3 Applied to provide paid-up additions or shorten the						
endowment or premium paying period						
6.4 Other						
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0		
Annuities:						
7.1 Paid in cash or left on deposit		İ				
7.2 Applied to provide paid-up annuities						
7.3 Other						
7.4 Totals (sum of Lines 7.1 to 7.3)		0	0	0 L		
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0		
DIRECT CLAIMS AND BENEFITS PAID						
9. Death benefits		l				
Matured endowments						
		L				
Surrender values and withdrawals for life contracts.		L				
Aggregate write-ins for miscellaneous direct claims and						
benefits paid	0	L0 L	0	0		
4. All other benefits, except accident and health						
15. Totals	0	0	0	0		
DETAILS OF WRITE-INS						
)1						
)2						
03						
98. Summary of remaining write-ins for Line 13 from overflow						
page	0	ļ0 	0	0		
99. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0		

	Or	rdinary		edit Life and Individual)	(Group	Inc	dustrial		Total
DIRECT DEATH	1	2	3 No. of	4	5	6	7	8	9	10
BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,										
prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year									0	0
Settled during current year:										
									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid 18.4 Reduction by				0	0	0	0	0	0	0
compromise									0	0
									0	0
	0	0	D	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31,				(a)						
prior year	3	140,000	0	0	0	0	0	0	3	140,000
21. Issued during year									0 n	0
23. In force December 31 of current year	3	140.000	0	(a)	0	^	0	0	3	140,000
(a) Includes Individual Credit Li				U	rrent year \$	1		U	ر ا	140,000

Includes Individual Credit Life Insurance: prior year \$ current year \$ Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ current year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
			Dividends Paid or		
		Direct Premiums	Credited On Direct		Direct Losses
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.5 All other (b)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF Wyoming

DURING THE YEAR 2016

AIC Group Code 1295	LIFE	INSURANCI	NAIC Company Code 80799		
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	1.337	and marviadar)	Огоар	maasman	1.33
Annuity considerations	,				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Deposit-type contract funds		XXX		XXX	
Other considerations					
5. Totals (Sum of Lines 1 to 4)	1.337	0	0	0	1.3
DIRECT DIVIDENDS TO POLICYHOLDERS	.,		-		.,,,
Life insurance:					
6.1 Paid in cash or left on deposit					
6.3 Applied to provide paid-up additions or shorten the					
endowment or premium paying period					
6.4 Other					
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0	0	
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (sum of Lines 7.1 to 7.3)	0	ļ0 	0	0	
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	
DIRECT CLAIMS AND BENEFITS PAID					
Death benefits					
10. Matured endowments					
11. Annuity benefits					
13. Aggregate write-ins for miscellaneous direct claims and	0		_		
benefits paid	U		U		
14. All other benefits, except accident and health	Λ	ļ			
15. Totals DETAILS OF WRITE-INS	U	U	U	U	
DETAILS OF WRITE-INS 301.					
302.					
398. Summary of remaining write-ins for Line 13 from overflow page	Λ	n	n	ا ۱	
399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	 N	ا ا ا	h	h	
333. Total (Lines 1301 tillough 1303 + 1386) (Line 13 above)	U	0	0 [0	

	0	rdinary		edit Life Ind Individual)	,	Group	Inc	dustrial		Total
	1	2	3	1	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	2 Amount	No. of Ind. Pols. & Gr. Certifs.	4 Amount	No. of Certifs.	Amount	No.	o Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year										٥
Settled during current year:										0
18.2 By payment on									0	0
compromised claims .									0	0
18.3 Totals paid		0	Ω 	0	0	0	0	0	D	0
compromise 18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16+17-		_		_		_	_		_	
18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	4	550,000	0	(a) 0	0	0	0	0	4	550,000
21. Issued during year		(150,000)							0 n	(150,000)
23. In force December 31 of current year	4	400,000	0	(a) 0	0	0	0	0	4	400,000

current year \$.. current year \$

ACCIDENT AND HEALTH INSURANCE

ACCIDENT AND HEALTH INSURANCE										
	1	2	3	4	5					
			Dividends Paid or							
		Direct Premiums	Credited On Direct		Direct Losses					
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred					
24. Group policies (b)										
 24.1 Federal Employees Health Benefits Plan premium (b) 24.2 Credit (Group and Individual)										
24.2 Credit (Group and Individual)										
24.3 Collectively renewable policies (b)										
24.4 Medicare Title XVIII exempt from state taxes or fees										
Other Individual Policies:										
25.1 Non-cancelable (b)25.2 Guaranteed renewable (b)25.3 Non-renewable for stated reasons only (b)										
25.2 Guaranteed renewable (b)	10,034	12 , 125		4,296	3,859					
25.3 Non-renewable for stated reasons only (b)	8,494	8,494		36,987	12,019					
25.4 Other accident only										
25.5 All other (b)										
25.5 All other (b)	18,528	20,619	0	41,283	15,878					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	18.528	20.619	1 0	41.283	15.878					



DIRECT BUSINESS IN THE STATE OF Consolidated

DURING THE YEAR 2016

C Group Code 1295	LIFE	INSURANC	<u> </u>	NAIC Company Code 80799			
DIRECT PREMIUMS	1	2 Credit Life (Group	3	4	5		
AND ANNUITY CONSIDERATIONS	Ordinary	and Individual)	Group	Industrial	Total		
Life insurance	75,463	0	0	0	75,4		
Annuity considerations	0	l0 	0	0			
Deposit-type contract funds	215	XXX	0	XXX	2		
Other considerations	0	l0 l	0	0			
5. Totals (Sum of Lines 1 to 4)	75,678	0	0	0	75,6		
DIRECT DIVIDENDS TO POLICYHOLDERS							
Life insurance:	0	0	0	0			
6.1 Paid in cash or left on deposit		ا	J	h			
6.2 Applied to pay renewal premiums	U	U	U	U }			
6.3 Applied to provide paid-up additions or shorten the	0	0					
endowment or premium paying period	U	U	U	D }			
6.4 Other	U	U	U	D }			
6.5 Totals (sum of Lines 6.1 to 6.4)	0	0	0				
Annuities:							
7.1 Paid in cash or left on deposit	0	<u>0</u>	0	0			
7.2 Applied to provide paid-up annuities	0	<u>0</u>	0	0			
7.3 Other	0	ļ0 ļ	0	0			
7.4 Totals (sum of Lines 7.1 to 7.3)	0	ļ0 ļ	0	Q			
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0			
DIRECT CLAIMS AND BENEFITS PAID							
9. Death benefits	294,948	l0	0	0	294 ,		
10. Matured endowments	0	l0	0	0			
11. Annuity benefits	382 , 150	0	0	0	382,		
12. Surrender values and withdrawals for life contracts	0	0	0	0			
13. Aggregate write-ins for miscellaneous direct claims and							
benefits paid	0	0	0	0			
14. All other benefits, except accident and health	0	0	0	0			
15. Totals	677,098	0	0	0	677,0		
DETAILS OF WRITE-INS							
01							
02.							
03.							
98. Summary of remaining write-ins for Line 13 from overflow							
	0	0	0	o I			
99. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0			

	Credit Life (Group and Individual)			Group		Industrial			Total	
	1	2	3	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31,	140.	Amount	Or. Certilo.	Amount	Certiis.	Amount	110.	Amount	110.	Amount
	0	0	_ ر	0	0	_	_	0	۸ ا	0
prior year17. Incurred during current		0	0	0		u		0	u	
17. Incurred during current	7	294,948	0	0	_	_	_	_	7	294.948
year	<i>J</i>	294,940	L	0	0	lU		0		294,940
Settled during current										
year:	7	204 040	,	0		_	_		_	204 040
18.1 By payment in full		294,948		0		LU	U	0	/	294,948
18.2 By payment on										
compromised claims .	0	0	ļ0	0	0	0	0	0	<u></u>	0
18.3 Totals paid	7	294,948		0	۵	ļ0	0	0	7	294,948
18.4 Reduction by										
compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	7	294,948	0	0	٥	0	0	0	7	294,948
19. Unpaid Dec. 31, current										
year (Lines 16+17-										
18.6)	0	0	0	0	0	0	0	0	0	0
					No. of					
POLICY EXHIBIT					Policies					
20. In force December 31.				(a)						
prior year	184	11.077.017	0	0	0	0	0	0	184	11,077,017
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force										
(Net)	(12)	(1.704.000)	n	0	0	n	n	0	(12)	(1,704,000)
23. In force December 31			I	(a)						
of current year	172	9,373,017	0	0	0	0	0	0	172	9,373,017
(a) Includes Individual Credit L	ife Insurance	e: prior vear \$		0 cu	rrent vear \$		0	· · · · · · · · · · · · · · · · · · ·		7
Includes Group Credit Life			r equal to 60	months at issue.				rent year \$		0
Loans greater than 60 mon								year \$		
Loano groater triair oo mon	and at 155ac	DOT NOT OILE		20 11101 pric	γουι ψ		D Julion	γοωι ψ		

ACCIDENT AND HEALTH INSURANCE

ACCIDENT AND HEALTH INSURANCE										
	1	2	3	4	5					
			Dividends Paid or							
		Direct Premiums	Credited On Direct		Direct Losses					
	Direct Premiums	Earned	Business	Direct Losses Paid	Incurred					
24. Group policies (b)	0	0	0	0	0					
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0					
24.2 Credit (Group and Individual) 24.3 Collectively renewable policies (b)		0	0	0	0					
24.3 Collectively renewable policies (b)	0	0	0	0	0					
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0					
Other Individual Policies:										
25.1 Non-cancelable (b) 25.2 Guaranteed renewable (b) 25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0					
25.2 Guaranteed renewable (b)	8,760,775	8,917,029	0	6,359,471	6,358,348					
25.3 Non-renewable for stated reasons only (b)	794,726,025	794,726,025	0	535, 290, 659	627,496,267					
25.4 Other accident only	0	0	0	0	0					
25.4 Other accident only 25.5 All other (b) 25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0					
25.6 Totals (sum of Lines 25.1 to 25.5)		803,643,054	0	541,650,130	633,854,615					
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	803.486.800	803.643.054	0	541.650.130						